Home Health Certification and Plan of Care

Order ID: 1150/21508

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
41266374	08/21/2026	From: 08/21/2026 To: 10/19/2026	28737	217058

6. Patient's Name and Address
Jane Clark
6888 Ridge Rd,
Hanover, MD 21076-
443-314-0051

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 03/15/1956 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
Z47.1	Aftercare following joint replacement surgery	08/21/26

13. ICD	Other Pertinent Diagnoses	Date
Z96.652	Presence of left artificial knee joint	08/21/26
I10.	Essential (primary) hypertension	08/21/26
H90.A32	Mix cndct/snrl hear lossunil ear w rstrcd hear cntra side	08/21/26
H90.A21	Snsrnrl hear loss uni r ear with rstrcd hear cntra side	08/21/26
M85.80	Oth disrd of bone density and structure unspecified site	08/21/26
Z90.710	Acquired absence of both cervix and uterus	08/21/26

10. Medications: Dose/Frequency/Route (N)ew (C)hanged
MOBIC 15 MG / 1 Tablet by mouth daily
NORVASC 5 mg/tablet / Take one and half tablets by mouth daily
Oxycodone - Ibuprofen: Oxycodone Hydrochloride 5mg by mouth every 4 hours Pain
Aspirin 81Mg - Aspirin 81 mg / 1 Tablet by mouth once a day

14. DME and Supplies:
cane, rolling walker

15. Safety Measures:
walker precautions, transfer with assist, standard precautions, knee precautions, fall precautions, ambulates with device

16. Nutrition:
regular

17. Allergies:
statins

18.A. Functional Limitations
Ambulation

18.B. Activities Permitted
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: 0. Never, 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 Total left 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 74-year-old female with a past medical history significant for osteoarthritis who is status post left total knee replacement (TKR) performed on 8/20/2026. She was discharged home the same day with assistance from her spouse, George, and family members who are currently providing continuous support during her postoperative recovery. Skilled nursing focus of care is postoperative monitoring and management. Upon arrival, the patient was resting comfortably in a recliner with her daughter and husband present. She was alert and oriented x3 and denied chest pain or other acute discomfort. She reported postoperative pain rated 4/10 localized to the left surgical knee and stated that she is taking her prescribed pain medication as directed, with pain currently well controlled. The patient reported experiencing some dizziness following surgery, which she believed may have been related to vertigo or the effects of anesthesia; she denied current dizziness or associated discomfort and was instructed to notify her physician if dizziness recurs or worsens. The non-removable surgical dressing was dry and intact, with planned removal on 8/27/2026. TED stockings were in place as prescribed. The patient reported having a bowel movement today without difficulty and denied complications related to bowel function. No medication discrepancies, missing medications, or refill needs were identified. Admission paperwork was completed and signed, and the patient verbalized agreement with the plan of care. The patient is scheduled for a surgical follow-up with Dr. Huang on 9/3/2026 and is scheduled to begin outpatient physical therapy on 9/4/2026. The patient demonstrates decreased postoperative endurance and mobility following left TKR, resulting in increased fall risk and limited ability to safely leave the home without assistance from another person and use of an assistive device. Physical therapy evaluation was completed, identifying deficits including left knee pain, decreased lower-extremity and knee strength, impaired functional mobility, difficulty negotiating steps, unsteady gait, impaired transfers, decreased balance, and increased risk for falls. The patient currently requires minimal assistance to standby assistance for transfers using a walker, with skilled verbal and tactile cues provided for appropriate hand and foot placement, forward weight shifting, and reaching back for the chair before sitting. She requires standby assistance for ambulation on level surfaces with the walker, with cues provided for proper positioning within the walker, increased bilateral step height and step length, and overall safety. The patient was instructed to use the walker at all times for safety. Due to her current functional limitations, skilled home PT is medically necessary to improve strength, balance, gait, transfers, stair negotiation, functional mobility, safety awareness, and independence in the home and to reduce the risk of falls, further functional decline, and loss of independence. The PT plan of care was discussed and developed with the patient and primary caregiver, and both verbalized agreement. Home PT was planned at a frequency of 1 visit for the first week, followed by 3 <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-6 CE-FMS-visits">visits</mh> during the subsequent week and 2 <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-6 CE-FMS-visits">visits</mh> during the following week, with <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-6 CE-FMS-visits">visits</mh> scheduled as clinically appropriate until transition to outpatient therapy. The patient will follow up with Dr. Huang on 9/3/2026 and begin outpatient PT on 9/4/2026. Dr. Huang was contacted while the clinician was in the patient's home and was made aware of the PT plan of care. The patient and caregiver were educated regarding postoperative edema management, including the causes of edema and positional strategies such as elevating the lower extremities above heart level during rest periods and using compression garments only as recommended by the physician. Education was provided regarding signs and symptoms of surgical-site infection, including fever, chills, increased redness, swelling, pain, bleeding, or drainage from the incision, as well as persistent nausea or vomiting and pain not relieved by prescribed medication. Home safety and fall-prevention education was reviewed using the patient handbook, including common fall-risk factors and measures to reduce hazards within the home. Therapeutic interventions were initiated during the PT evaluation. The patient was instructed in and performed supine therapeutic exercises consisting of ankle pumps, quadriceps sets, and gluteal sets for 1 set of 20 repetitions each, as well as heel slides for 1 set of 10 repetitions. A written home exercise program was left in the home, and the patient was instructed to perform the exercises twice daily as tolerated. Passive range of motion of the left knee was also performed in the supine position. The patient was educated on the importance of regular ambulation to promote circulation, maintain mobility, and prevent complications associated with prolonged inactivity. She was instructed to begin short walks within the home every 1-2 hours, initially for approximately 1-2 repetitions, with longer walks beginning at approximately 3-5 minutes and gradually progressing as tolerated. The patient was instructed to apply ice to the left knee for approximately 20 minutes at a time using an appropriate protective barrier, with regular skin assessments during application to prevent skin injury. Pain-management education was reinforced. The patient was instructed to take prescribed pain medication at the onset of pain as directed, monitor for potential adverse effects such as dizziness and constipation, and take pain medication approximately one hour before PT sessions when appropriate and according to the prescribed regimen to facilitate participation in therapy. She was instructed to seek emergency medical attention or contact EMS/911 for chest pain, shortness of breath, or severe/unrelieved pain and to notify her healthcare provider regarding concerning or worsening postoperative

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 08/21/2026

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 : 08/13/2026

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: 1150/21508

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
41266374	08/21/2026	From: 08/21/2026 To: 10/19/2026	28737	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Jane Clark 6888 Ridge Rd, Hanover, MD 21076- 443-314-0051	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

symptoms. The patient verbalized understanding of the education provided through teach-back. Continued skilled nursing and physical therapy services are indicated for postoperative assessment, monitoring of the surgical site and pain, reinforcement of medication and symptom-management education, edema and complication prevention, progressive therapeutic exercise, gait and transfer training, fall prevention, and restoration of safe functional mobility and independence prior to transition to outpatient therapy.
 Date of Order 08/21/2026 Orders Physician Face-to-Face Date: 08/13/2026 Clinical Condition Requiring Home Care per Certifying Physician: SN-pain control PT-eval & treat due to Total left 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 - SN Notes: soc PT Eval Notes: eval
 Physician Huang, James

SN Careplans

SN WK1: 1 (08/21/26-08/22/26) ,WK2: 1 (08/23/26-08/29/26)

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: 10. None of the above

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

08/21/2026 Problems : Pain Effect on Sleep
Pain Interference with Therapy activities
Pain Interference with ADLs
M1400 - Dyspnea
M2020 - Oral Med Management
swelling of affected area
limited endurance
limited range of motion
limited strength
loss of appetite
meal preparation

PROCEDURES: cough/deep breathing exercises, incentive spirometer, coordinate/arrange preparation of missing meals

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

SN Goals

PATIENT-STATED GOAL: To be able to get around and do everything I was before

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

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	08/21/2026

Home Health Certification and Plan of Care

Order ID: 1150/21508

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
41266374	08/21/2026	From: 08/21/2026 To: 10/19/2026	28737	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Jane Clark 6888 Ridge Rd, Hanover, MD 21076- 443-314-0051	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

prescribed, related medication(s) purpose, schedule, meal preparation is available to patient for all meals

PT Careplans

PT WK1: 1 (08/21/26-08/22/26) ,WK2: 3 (08/23/26-08/29/26) ,WK3: 2 (08/30/26-09/05/26)

08/21/2026 Problems : GG0170G1 - Car Transfer
GG0130F1 - Upper Body Dressing
GG0130A1 - Eating
GG0130H1 - Don/Doff Footwear
GG0130G1 - Lower Body Dressing
GG0130E1 - Shower/Bathe Self
GG0130C1 - Toileting Hygiene
GG0130B1 - Oral Hygiene
GG0170L1 - Walk 10 ft on Uneven Surface
GG0170E1 - Chair to Bed to Chair
Pain Effect on Sleep
GG0170P1 - Picking Up Object
GG0170O1 - 12 Steps
GG0170N1 - 4 Steps
GG0170M1 - 1 - Step (curb)
GG0170K1 - Walk 150 Feet
GG0170J1 - Walk 50 ft with 2 Turns
GG0170I1 - Walk 10 Feet
GG0170F1 - Toilet Transfer
GG0170D1 - Sit to Stand

PROCEDURES: home exercise program: Supine- ankle pump, quad set, gluteal set, heel slide, SLR, bridging. Seated-LAQ, hip flex, seated heel slides, operated knee flex with opposite LE assist Standing-Mini squat, heel/toe raise, hip flex, leg curls, operated leg up down on 1st step, 1st step lunge with quad set on extension., therapeutic modalities: NA, equipment training: Walker/cane, gait training/stair training, transfers training, assist with fall prevention: Teach falls risk reduction strategies

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, Chair to Bed to Chair - 05. Setup or clean-up assistance, Sit to Stand - 05. Setup or clean-up assistance, Toilet Transfer - 06. Independent, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 150 Feet - 04. Supervision or touching assistance, 1 - Step (curb) - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Car Transfer - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 04. Supervision or touching assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

PT Goals

PATIENT-STATED GOAL: I would like to be able to safely walk with my cane

GOALS
Toilet Transfer - 06. Independent

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

Car Transfer - 05. Setup or clean-up assistance

Shower/Bathe Self - 04. Supervision or touching assistance

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Upper Body Dressing - 06. Independent

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

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

Walk 10 Feet - 04. Supervision or touching assistance

Walk 50 ft with 2 Turns - 04. Supervision or touching assistance

Walk 150 Feet - 04. Supervision or touching assistance

1 - Step (curb) - 04. Supervision or touching assistance

4 Steps - 04. Supervision or touching assistance

12 Steps - 04. Supervision or touching assistance

Eating - 06. Independent

Picking Up Object - 04. Supervision or touching assistance

Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	08/21/2026