Home Health Certification and Plan of Care

Order ID: 1150/21592

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
461279106	08/25/2026	From: 08/25/2026 To: 10/23/2026	28738	217058

6. Patient's Name and Address

Joseph Markley
1109 N Marlyn Ave,
ESSEX, MD 21221-
443-841-0886

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 04/22/1960 **9.Sex** Male

11. ICD	Principal Diagnosis	Date
Z47.1	Aftercare following joint replacement surgery	08/25/26

13. ICD	Other Pertinent Diagnoses	Date
Z96.651	Presence of right artificial knee joint	08/25/26
I48.0	Paroxysmal atrial fibrillation	08/25/26
I10.	Essential (primary) hypertension	08/25/26
E11.69	Type 2 diabetes mellitus with other specified complication	08/25/26
G56.02	Carpal tunnel syndrome left upper limb	08/25/26
I65.21	Occlusion and stenosis of right carotid artery	08/25/26
E03.9	Hypothyroidism unspecified	08/25/26
E78.00	Pure hypercholesterolemia unspecified	08/25/26
K21.9	Gastro-esophageal reflux disease without esophagitis	08/25/26
N40.0	Benign prostatic hyperplasia without lower urinry tract symp	08/25/26
E11.40	Type 2 diabetes mellitus with diabetic neuropathy unsp	08/25/26
L40.9	Psoriasis unspecified	08/25/26
E11.51	Type 2 diabetes w diabetic peripheral angiopath w/o gangrene	08/25/26
R91.1	Solitary pulmonary nodule	08/25/26
E66.01	Morbid (severe) obesity due to excess calories	08/25/26
Z68.37	Body mass index [BMI] 37.0-37.9 adult	08/25/26
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	08/25/26
Z79.01	Long term (current) use of anticoagulants	08/25/26
Z79.82	Long term (current) use of aspirin	08/25/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	08/25/26
Z79.52	Long term (current) use of systemic steroids	08/25/26
Z79.890	Hormone replacement therapy	08/25/26
Z98.1	Arthrodesis status	08/25/26

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

Kenalog - Triamcinolone Acetonide 0.1 % Top Oint / Apply to affected area(s) topical twice a day for 14 days
ZYRTEC 10 MG / 1 Tablet by mouth daily as needed
LIDEX 0.05 % Top Ointment topical twice a day Apply to affected area on damp skin and cover with plastic wrap for one hour, then remove and massage in remainder of ointment twice daily for up to 2 weeks, and then twice daily on weekends only as needed.
CRESTOR 20 MG / 1 Tablet by mouth daily to prevent heart attack and stroke
ZITUVIO 50 MG / 1 Tablet by mouth once a day
TAMBOCOR 50 MG / 1 Tablet by mouth every 12 hours For heart rhythm
MAXZIDE 75-50 MG / 1 Tablet by mouth daily
Synthroid - Levothyroxine Sodium 75 MCG / 1 Tablet by mouth daily
PRILOSEC SR 20 MG / 1 Capsule by mouth 2 times a day
GLUCOTROL 5 mg/tablet / Take 2 tablets by mouth 2 times a day
JARDIANCE 25 MG / 1 Tablet by mouth every morning
GLUCOPHAGE 1,000 MG / 1 Tablet by mouth 2 times a day
COZAAR 25 MG / 1 Tablet by mouth daily
TENORMIN 50 MG / 1 Tablet by mouth once a day
FLOMAX 0.4 mg/capsule / Take 2 capsules by mouth daily at bedtime
PRADAXA 150 MG / 1 Capsule by mouth every 12 hours
MECLIZINE 25 MG / 1 Tablet by mouth 3 times a day as needed for nausea
Oxycodone - Ibuprofen: Oxycodone Hydrochloride 5mg by mouth as necessary 1-2 every 4 hours as needed
Aspirin - Aspirin 81mg by mouth in the morning
Acetaminophen - Acetaminophen 500mg by mouth as necessary 1-2 tab every 4 hours as needed
Diflucan - Fluconazole 150 mg 2 by mouth once a week 2 tab

14. DME and Supplies:

reacher, rolling walker, cane, commode

15. Safety Measures:

supervision at all times, standard precautions, walker precautions, fall precautions, diabetic precautions, bleeding precautions, anticoagulant precautions, ambulates with device, ambulates with assistance

16. Nutrition:

diabetic!low sodium

17. Allergies:

no known allergies

18.A. Functional Limitations

Ambulation, Endurance

18.B. Activities Permitted

Transfer bed/Chair, Exercises Prescribed, Cane, Walker

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

family/caregiver will be responsible for managing treatment

Homebound status:

After undergoing Right Total Knee 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 08/25/2026

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 : 08/10/2026

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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6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Joseph Markley 1109 N Marlyn Ave, ESSEX, MD 21221- 443-841-0886	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

Clinical Condition Requiring Homecare:

Home health physical therapy services were initiated for a 66-year-old patient following an elective total knee replacement (TKR), with the patient returning home the same day with family assistance. Patient presents with postoperative pain, decreased lower-extremity range of motion and strength, impaired balance, ambulatory dysfunction, and deficits in bed mobility and transfers, requiring assistance with all functional mobility and demonstrating a high risk for falls. Leaving the home requires considerable and taxing effort. Without skilled physical therapy intervention, the patient is at risk for further functional decline and loss of independence. Patient and family were educated on edema management, proper lower-extremity positioning, and signs and symptoms of potential postoperative infection, with good understanding demonstrated. A home exercise program was initiated, including ankle pumps, quadriceps sets, knee extension exercises, seated heel slides, and gluteal sets, 2-3 sets of 10 repetitions, and written instructions were provided. Continued skilled physical therapy is recommended to address pain, strength, range of motion, balance, transfers, gait, and overall functional mobility to promote safe recovery and return to prior level of function.<o:p></o:p>   Date of Order<o:p></o:p> 08/25/2026
Physician Face-to-Face Date: 08/10/2026<o:p></o:p> Clinical Condition Requiring Home Care per Certifying Physician: SN-pain control PT-eval & treat due to Right Total Knee 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 - PT Notes:<o:p></o:p> Physician: Huang, James

SN Careplans

SN Goals

PT Careplans

PT WK1: 2 (08/25/26-08/29/26) ,WK2: 3 (08/30/26-09/05/26) ,WK3: 1 (09/06/26-09/12/26)

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 > 6

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

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

PT Goals

PATIENT-STATED GOAL: To walk Independently and without pain,

GOALS
Chair to Bed to Chair - 06. Independent

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

Sit to Stand - 06. Independent

Car 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

4 Steps - 05. Setup or clean-up assistance

12 Steps - 05. Setup or clean-up assistance

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	08/25/2026

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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:Full code

08/25/2026 Problems : GG0170P1 - Picking Up Object
GG0170F1 - Toilet Transfer
GG0170G1 - Car Transfer
GG0170I1 - Walk 10 Feet
GG0170J1 - Walk 50 ft with 2 Turns
GG0170K1 - Walk 150 Feet
GG0170L1 - Walk 10 ft on Uneven Surface
GG0170M1 - 1 - Step (curb)
GG0170N1 - 4 Steps
GG0170O1 - 12 Steps
GG0170D1 - Sit to Stand
GG0170E1 - Chair to Bed to Chair
GG0130B1 - Oral Hygiene
GG0130C1 - Toileting Hygiene
GG0130E1 - Shower/Bathe Self
GG0130G1 - Lower Body Dressing
GG0130H1 - Don/Doff Footwear
GG0130A1 - Eating
GG0130F1 - Upper Body Dressing
#1 - Non-Observable Surgical Wound - Anterior Right Knee - Covered with aqucel dressing
M1033 - Exhaustion
Pain Effect on Sleep
Pain Interference with Therapy activities
Pain Interference with ADLs
M1400 - Dyspnea
M2020 - Oral Med Management
swelling in the arms/legs
daytime fatigue
balance deficit
limited endurance
muscle weakness
swelling of affected area
limited range of motion
limited strength
bruising/discoloration
M2102d - Caregiver Performs Treatment
M2102c - Med Admin

PROCEDURES: physician-ordered wound care: #1 - Non-Observable Surgical Wound - Anterior Right Knee - Covered with aqucel dressing, Medication management : Review medication with pt and caregiver, cough/deep breathing exercises, incentive spirometer, apply anti-embolitic stockings, train caregiver(s) to perform medical/rehabilitation treatments, apply compression bandage, physician-ordered wound care: To remove dressing and leave open to air, physician-ordered wound care: To remove dressing and leave open to air, home exercise program: Supine quad sets, ankle pumps, Heelslides, seated hip flexion, knee extension, heelraises, seated heelslides for 20 seconds passive knee flexion and extension stretching holds, equipment training, work simplification/energy conservation, gait training on uneven surfaces, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage respiratory condition

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

Shower/Bathe Self - 03. Partial/moderate assistance

Don/Doff Footwear - 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/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
* recalls related medication(s) purpose, schedule

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Range of motion

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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, * 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, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence, Chair to Bed to Chair - 06. Independent, Sit to Stand - 06. Independent, Toilet Transfer - 06. Independent, Car 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, 12 Steps - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 03. Partial/moderate assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent, Range of motion

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