Home Health Certification and Plan of Care

Order ID: 1150/21475

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
35949827	08/20/2026	From: 08/20/2026 To: 10/18/2026	29202	217058

6. Patient's Name and Address

Erman Corteggiano
9103 Lincolnshire Court Apt B,
PARKVILLE, MD 21234-
410-292-3067

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 12/18/1953 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
Z47.1	Aftercare following joint replacement surgery	08/20/26

13. ICD	Other Pertinent Diagnoses	Date
I10.	Essential (primary) hypertension	08/20/26
E11.9	Type 2 diabetes mellitus without complications	08/20/26
E78.5	Hyperlipidemia unspecified	08/20/26
L30.4	Erythema intertrigo	08/20/26
E66.813	Other obesity	08/20/26
Z68.41	Body mass index [BMI] 40.0-44.9 adult	08/20/26
Z96.641	Presence of right artificial hip joint	08/20/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	08/20/26
Z79.899	Other long term (current) drug therapy	08/20/26
Z79.82	Long term (current) use of aspirin	08/20/26
Z79.891	Long term (current) use of opiate analgesic	08/20/26

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

Albuterol Sulfate - Albuterol Sulfate HFA Inhalation Aerosol Solution 108 (90 Base) MCG/ACT / 1 inhalation by mouth every 6 hours as needed for Wheezing/SOB
Atorvastatin Calcium - Atorvastatin Calcium 10 MG / 1 Tablet by mouth once a day for HLD
Diclofenac Sodium - Diclofenac Sodium Delayed Release 75 MG / 1 Tablet by mouth twice a day for Pain
LOSARTAN POTASSIUM HCTZ 50-12.5 MG / 1 Tablet by mouth once a day for hypertension
Metformin Hcl - Metformin Hydrochloride Extended Release 24 Hour 500 mg/tablet / Give 2 tablet by mouth in the evening for DM2

14. DME and Supplies:

bath bench, rolling walker, cane

15. Safety Measures:

hip precautions, standard precautions, diabetic precautions, ambulates with assistance, ambulates with device

16. Nutrition:

diabetic

17. Allergies:

no known allergies

18.A. Functional Limitations

Ambulation, Endurance

18.B. Activities Permitted

Up As Tolerated, Cane, Exercises Prescribed, Transfer bed/Chair

19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 1. Rarely, BEHAVIORAL ISSUES: 1. Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required, 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 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 72-year-old male referred to home health services following an elective right total hip replacement (THR) secondary to osteoarthritis (OA). Following surgery, the patient completed a stay at a subacute acute rehabilitation facility prior to returning home. Past medical history is significant for traumatic brain injury, obesity, osteoarthritis, hyperlipidemia, diabetes mellitus, hypertension, hepatitis, and lumbar spinal fusion. The patient resides in a condominium with no steps required for entry. Prior to his recent surgery, he was independent with bed mobility, transfers, ambulation using a single-point cane (SPC), and activities of daily living (ADLs), although he required assistance with medication management. On initial home health physical therapy assessment, the patient presents with generalized muscle weakness, impaired balance, decreased functional mobility, and reduced gait stability. Tinetti Balance and Gait Assessment score is 19/28, indicating an increased risk for falls, and Timed Up and Go (TUG) test is 19 seconds, demonstrating impaired functional mobility and increased fall risk. The patient exhibits minor difficulty with transfers and decreased ability to safely negotiate steps. Ambulation with an SPC is characterized by unsteadiness and decreased stance time on the left lower extremity. These impairments limit the patient's safety and independence with functional mobility and increase his risk for falls. The patient demonstrates good rehabilitation potential and would benefit from continued skilled physical therapy to address muscle weakness, balance deficits, gait instability, transfer difficulties, functional mobility limitations, and safety with ambulation and stair negotiation. Skilled PT will focus on progressive strengthening, balance and gait training, transfer training, functional mobility, fall-prevention strategies, and patient education to maximize safety, independence, and return toward his prior level of function.
 Date of Order 08/20/2026 Orders Physician Face-to-Face Date: 08/03/2026 Clinical Condition Requiring Home Care per Certifying Physician: pt-eval & treat due to Right total 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 - PT Notes: soc
 Physician Winakur, Richard

SN Careplans

SN Goals

PT Careplans

PT Goals

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 08/20/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Richard Winakur
8322 BELLONA AVE
TOWSON, MD 21204
PHONE: 4103377900 FAX: 14107698591 NPI: 1578585097

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 : 08/03/2026

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: 1150/21475

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
35949827	08/20/2026	From: 08/20/2026 To: 10/18/2026	29202	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Erman Corteggiano 9103 Lincolnshire Court Apt B, PARKVILLE, MD 21234- 410-292-3067	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

PT WK1: 1 (08/20/26-08/22/26) ,WK2: 1 (08/23/26-08/29/26) ,WK3: 2 (08/30/26-09/05/26) ,WK4: 1 (09/06/26-09/12/26) ,WK5: 1 (09/13/26-09/15/26)

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:MOLST

08/21/2026 Problems : GG0170K1 - Walk 150 Feet
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
GG0170P1 - Picking Up Object
GG0170O1 - 12 Steps
GG0170N1 - 4 Steps
GG0170M1 - 1 - Step (curb)
GG0170L1 - Walk 10 ft on Uneven Surface
GG0170J1 - Walk 50 ft with 2 Turns
GG0170I1 - Walk 10 Feet
GG0170G1 - Car Transfer
GG0170F1 - Toilet Transfer
GG0170D1 - Sit to Stand
M1745 - Behavioral Issues
M1400 - Dyspnea
M2020 - Oral Med Management
balance deficit
limited range of motion
limited strength
obesity
M2102d - Caregiver Performs Treatment
M2102c - Med Admin

PATIENT-STATED GOAL: To Improve my strength and balance, be able to walk to the grocery store again

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

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
* management of mental health condition including joining a peer group
* maintaining regular contact with mental health professional
* avoiding known stressors
* controlling impulses
* 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

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

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	08/20/2026

Home Health Certification and Plan of Care

Order ID: 1150/21475

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
35949827	08/20/2026	From: 08/20/2026 To: 10/18/2026	29202	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Erman Corteggiano 9103 Lincolnshire Court Apt B, PARKVILLE, MD 21234- 410-292-3067	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

PROCEDURES: Medication management : Review medication with pt and caregiver, cough/deep breathing exercises, train caregiver(s) to perform medical/rehabilitation treatments, home exercise program: Laq, heelraises, aps, standing hamstring curls, hip flexion, Mini squats, hip abduction limited distance, heel toe raises 2-310, 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 including diet changes and regular exercise strategies to control shortness of breath home remedies to keep lungs healthy, related medication(s) purpose, schedule, * management of mental health condition including joining a peer group maintaining regular contact with mental health professional avoiding known stressors controlling impulses, 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 - 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, Eating - 06. Independent, Upper Body Dressing - 06. Independent

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	08/20/2026