Home Health Certification and Plan of Care

Order ID: 1150/21515

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
431092442	08/21/2026	From: 08/21/2026 To: 10/19/2026	28743	217058

6. Patient's Name and Address

Karla McDonald
3412 Merle Dr,
BALTIMORE, MD 21244-
410-655-4899

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 01/01/1952 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
T84.84XD	Pain due to internal orthopedic prosth dev/grft subs	08/21/26

13. ICD	Other Pertinent Diagnoses	Date
Z96.642	Presence of left artificial hip joint	08/21/26
I10.	Essential (primary) hypertension	08/21/26
M18.11	Unil primary osteoarth of first carpometacarp joint r hand	08/21/26
E78.00	Pure hypercholesterolemia unspecified	08/21/26
J45.909	Unspecified asthma uncomplicated	08/21/26
M50.30	Other cervical disc degeneration unsp cervical region	08/21/26
I83.93	Asymptomatic varicose veins of bilateral lower extremities	08/21/26
I70.0	Atherosclerosis of aorta	08/21/26
K21.9	Gastro-esophageal reflux disease without esophagitis	08/21/26
Z90.49	Acquired absence of other specified parts of digestive tract	08/21/26
Z86.718	Personal history of other venous thrombosis and embolism	08/21/26
Z86.711	Personal history of pulmonary embolism	08/21/26
Z87.891	Personal history of nicotine dependence	08/21/26
E55.9	Vitamin D deficiency unspecified	08/21/26
K57.30	Dvrtclos of lg int w/o perforation or abscess w/o bleeding	08/21/26
R73.03	Prediabetes	08/21/26
Z79.82	Long term (current) use of aspirin	08/21/26
Z79.01	Long term (current) use of anticoagulants	08/21/26
Z79.891	Long term (current) use of opiate analgesic	08/21/26

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

XALATAN 0.005 % Opht Drop / instill 1 Drop both eyes in the evening
NORVASC 5 MG / 1 Tablet by mouth daily
NEURONTIN 100 MG / 1 Capsule by mouth 3 times a day
LIPITOR 40 MG / 1 Tablet by mouth daily for cholesterol and heart protection
PEPCID 20 MG tablet by mouth as needed
ECOTRIN DR 325 MG / 1 Tablet by mouth once a day
MULTIPLE VITAMIN-MINERALS TAKE ONE TABLET by mouth once a day
Amilodipine - Amlodipine Besylate 5mg by mouth once a day
Aspirin 325Mg - Aspirin 325 by mouth once a day
Albuterol - Albuterol 0.09 mg/inh inhalant as necessary
Latanoprost - Latanoprost 0.005% both eyes once a day
Oxycodone - Ibuprofen: Oxycodone Hydrochloride 5mg by mouth every 4 hours Pain
Extra Strength Tylenol - Acetaminophen 1000 by mouth every hour Pain
Colace - Docusate Sodium 100mg by mouth twice a day Constipation

14. DME and Supplies:

wound care supplies, wheelchair, walker, nebulizer, hand held shower, grab bars, 4 wheeled walker, bath bench

15. Safety Measures:

smoke detectors , emergency phone # clearly displayed, ambulates with assistance, activity supervision, cardiac precautions, knee precautions, restricted ROM, supervision at all times, transfer with assist, standard precautions, bleeding precautions, walker precautions, medication safety, infectious material management, hip precautions, hand rails, fall precautions, avoid temperature extremes, bathroom safety, anticoagulant precautions, ambulates with device

16. Nutrition:

cardiac diet

17. Allergies:

Latex Cephalosporins Cipro Doxy Motrin Penicillins Prochlorperazine Sulfacetam

18.A. Functional Limitations

Endurance, Bowel/Bladder Incontinence, Dyspnea With Minimal Exertion, Ambulation

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: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

20. Prognosis: fair

22. A Rehabilitation Potential:

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

22.B.Discharge Plans

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

Homebound status:

Due to diagnosis of Pain due to internal orthopedic prosthetic devices, implants and grafts, subsequent encounter, 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 08/21/2026

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.

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6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Karla McDonald 3412 Merle Dr, BALTIMORE, MD 21244- 410-655-4899	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

Clinical Condition Requiring Homecare:

Patient is a 74-year-old female with a past medical history significant for hypertension, hyperlipidemia, GERD, atherosclerosis of the aorta, osteoarthritis of the right first CMC joint, cervical disc degeneration, bilateral lower-extremity varicose veins, asthma, and latex allergy. Patient is status post left total hip arthroplasty on 8/20/2026 following same-day surgery and has been referred for skilled home health nursing and physical therapy. Patient is alert and oriented 4 with hearing impairment and wears bilateral hearing aids. She resides with her spouse, who is the primary caregiver and assists with daily care as needed. Assessment revealed vital signs within acceptable parameters, use of compression stockings for circulation, and no signs or symptoms of infection or postoperative complications. Patient reports postoperative left hip pain and presents with bilateral lower-extremity weakness/deconditioning, impaired gait mechanics, decreased functional mobility, and reliance on a rolling walker, limiting safe bed mobility, transfers, household ambulation, stair negotiation, and completion of functional activities at her prior level of function. Skilled nursing provided education to the patient and caregiver regarding infection prevention, proper hand hygiene, recognition of signs and symptoms of infection, and when to notify the healthcare provider. Medication reconciliation was completed, including education regarding medication effects and potential adverse reactions. Patient and caregiver verbalized understanding of all teaching provided. Skilled physical therapy is medically necessary to address lower-extremity strength, balance, transfers, gait training, stair negotiation, safe use of the assistive device, therapeutic exercise, and development and progression of the home exercise program to promote safe functional mobility, reduce fall risk, and facilitate return toward prior level of function.<o:p></o:p>   Date of Order<o:p></o:p> 08/21/2026<o:p></o:p> Physician Face-to-Face Date: 08/13/2026<o:p></o:p> Clinical Condition Requiring Home Care per Certifying Physician: SN-pain control PT-eval & treat due to Pain due to internal orthopedic prosthetic devices, implants and grafts, subsequent encounter<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: 5 (08/21/26-08/22/26) ,WK2: 4 (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: 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

SN Goals

PATIENT-STATED GOAL: I want to walk without 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
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

patient/caregiver recalls
* how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms
* recalls related medication(s) purpose, schedule

patient self-administers medications as prescribed

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
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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:POLST (Physician Orders for Life-Sustaining Treatment)

08/24/2026 Problems : #1 - Non-Observable Surgical Wound - Anterior Left Hip -
muscle weakness (MS)
swelling of affected area (MS)
limited endurance (MS)
limited range of motion (MS)
M1400 - Dyspnea
M2020 - Oral Med Management
wheezing
abn cholesterol > 200 mg/dL
difficulty sleeping
balance deficit
limited strength
poor muscle tone
constipation
nausea/vomiting
heartburn/indigestion
loss of appetite
bruising/discoloration
B1000 - Vision Deficit
M2102c - Med Admin
M2102f - Patient Supervision
M2102d - Caregiver Performs Treatment
B0200 - Hearing Deficit
M1610 - Urinary Incontinence

PROCEDURES: physician-ordered wound care: #1 - Non-Observable Surgical Wound - Anterior Left Hip -: 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, apply anti-embolitic stockings, bladder training, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange home modifications for hearing impaired, i.e. alarms

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 achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * urinary incontinence management including bladder training Kegel exercises skin care, related medication(s) purpose, schedule, * how to keep home safe for hearing-impaired including installing special fire-detector/CO2 alarms, related medication(s) purpose, schedule, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule, caregiver administers and/or packages medications appropriately

* recalls related medication(s) purpose, schedule

caregiver administers and/or packages medications appropriately

PT Careplans

PT WK1: 6 (08/21/26-08/22/26) ,WK2: 5 (08/23/26-08/29/26)

08/23/2026 Problems : 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

PT Goals

PATIENT-STATED GOAL: to stay at home;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

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
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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

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
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