Home Health Certification and Plan of Care

Order ID: 1150/21624

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
93156573	08/26/2026	From: 08/26/2026 To: 10/24/2026	28842	217058

6. Patient's Name and Address

Kathy Taylor
952 Thompson Blvd,
ESSEX, MD 21221-
443-261-8668

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 11/08/1957 | **9.Sex** Female

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

13. ICD	Other Pertinent Diagnoses	Date
Z96.652	Presence of left artificial knee joint	08/26/26
M17.11	Unilateral primary osteoarthritis right knee	08/26/26
I10.	Essential (primary) hypertension	08/26/26
I34.0	Nonrheumatic mitral (valve) insufficiency	08/26/26
M81.0	Age-related osteoporosis w/o current pathological fracture	08/26/26
E80.4	Gilbert syndrome	08/26/26
N28.1	Cyst of kidney acquired	08/26/26
D18.03	Hemangioma of intra-abdominal structures	08/26/26
F41.9	Anxiety disorder unspecified	08/26/26
K21.9	Gastro-esophageal reflux disease without esophagitis	08/26/26
E78.00	Pure hypercholesterolemia unspecified	08/26/26
F32.A	Depression unspecified	08/26/26
J30.9	Allergic rhinitis unspecified	08/26/26
R91.1	Solitary pulmonary nodule	08/26/26
Z90.11	Acquired absence of right breast and nipple	08/26/26
Z86.0100	Personal history of colonic polyps	08/26/26
Z85.3	Personal history of malignant neoplasm of breast	08/26/26
Z90.710	Acquired absence of both cervix and uterus	08/26/26

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

TENORMIN 25 mg/tablet / Take half tablet by mouth once a day
PROTONIX DR 40 MG / 1 Tablet by mouth daily at least 30 minutes before breakfast for acid blocker
MULTIVITAMIN 0 Take 1 tablet by mouth daily
MOTRIN 800 MG / 1 Tablet by mouth every 8 hours. with food
LIPITOR 40 MG / 1 Tablet by mouth daily for cholesterol
BUSPAR 15 MG / 1 Tablet by mouth in the morning take half tablet (7.5 mg) at midday and take 1 tablet (15 mg) in the evening
CELEXA 20 MG / 1 Tablet by mouth daily
IMITREX 100 MG / 1 Tablet by mouth as necessary one time at onset of migraine headache. Dose can be repeated 1 time after 2 hours
FOSAMAX 70 MG / 1 Tablet by mouth once a week Take in the morning with 8 ounces of water at least 30 minutes before the first food, drink or other medication of the day. Do not lie down for at least 30 minutes after swallowing this medication
Oxycodone - Ibuprofen: Oxycodone Hydrochloride 5mg, 1 tablet by mouth every 4 hours As Needed for pain
Extra Strength Tylenol - Acetaminophen 500mg, 2 tablets by mouth every 6 hours As needed for pain
Aspirin 81Mg - Aspirin Take 1 tablet by mouth twice a day
Colace - Docusate Sodium 100 mg , Take 1 tablet by mouth twice a day

14. DME and Supplies:

walker, grab bars, commode, cane, bath bench

15. Safety Measures:

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

16. Nutrition:

cardiac diet

17. Allergies:

morphine naprosyn

18.A. Functional Limitations

Endurance, Ambulation

18.B. Activities Permitted

Walker, Exercises Prescribed, 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: Yes

20. Prognosis: fair

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 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.

Clinical Condition Requiring Homecare: The patient is a 68-year-old female with a past medical history significant for unilateral primary osteoarthritis, essential primary hypertension, nonrheumatic mitral valve insufficiency, Gilbert syndrome, renal cyst, and other comorbidities. She was admitted to home health services following an elective left total knee replacement (TKR) and returned home the same day with assistance from family. Her husband is the primary caregiver and provides assistance as needed. The patient currently ambulates with a walker and presents with postoperative pain, decreased left knee range of motion and lower-extremity strength, impaired balance, ambulatory dysfunction, and deficits in bed mobility and functional transfers. These limitations require assistance with mobility and place the patient at increased risk for falls. Due to her current postoperative weakness, impaired mobility, and need for assistance, leaving the home requires considerable and taxing effort. The left knee surgical site is covered with an Aquacel dressing, which is scheduled for removal on postoperative day 7. Mild postoperative swelling was observed. Medication review and reconciliation were completed with the patient. The patient takes atenolol in the setting of hypertension and nonrheumatic mitral valve insufficiency, and medication compliance and appropriate use as prescribed were reinforced. Education was provided regarding postoperative medication management, pain control, ice therapy, constipation prevention, personal hygiene, edema management, and appropriate positioning of the affected lower extremity. The patient was instructed to monitor the surgical site for signs and symptoms of infection, including increased redness, warmth, swelling, drainage, fever, or worsening pain, and to promptly notify the physician of concerning findings. The patient demonstrated understanding of the instructions provided. Physical therapy evaluation and treatment were initiated due to the patient's postoperative decline in strength, range of motion, balance, gait, transfers, and overall functional mobility. A home exercise program was initiated, including ankle pumps, quadriceps sets, and gluteal sets, with instruction provided regarding proper technique and adherence. Skilled PT is medically necessary to improve left lower-extremity strength and knee mobility, balance, gait mechanics, transfer ability, functional endurance, and safety awareness; reinforce postoperative precautions and fall-prevention strategies; and promote progression toward greater independence with mobility. The patient was instructed to use the walker consistently for safe ambulation and to follow the prescribed home exercise program. Continued skilled nursing and physical therapy services are recommended for postoperative monitoring, medication and symptom-management

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 08/26/2026

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 : 08/14/2026

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: 1150/21624

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
93156573	08/26/2026	From: 08/26/2026 To: 10/24/2026	28842	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Kathy Taylor 952 Thompson Blvd, ESSEX, MD 21221- 443-261-8668	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

education, surgical-site surveillance, edema and pain management, progressive therapeutic exercise, gait and transfer training, fall prevention, and restoration of safe functional independence while reducing the risk of further decline.
 Date of Order 08/26/2026 Orders Physician Face-to-Face Date: 08/14/2026 Clinical Condition Requiring Home Care per Certifying Physician: SN-pain control PT-eval & treat due to Left knee replacement surgery 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 (08/26/26-08/29/26) ,WK2: 1 (08/30/26-09/05/26)

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, 8. Currently reports exhaustion, 9. Other risk(s) not listed in 1- 8

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:Durable power of attorney for health care/Medical power of attorney

08/31/2026 Problems : #1 - Non-Observable Surgical Wound - Anterior Left Knee - Left knee replacement surgery
limited range of motion (MS)
limited endurance (MS)
muscle weakness (MS)
M1033 - Exhaustion
Pain Effect on Sleep
Pain Interference with Therapy activities
Pain Interference with ADLs
M1400 - Dyspnea
M2020 - Oral Med Management
abnormal blood pressure
balance deficit
limited strength
swell/redness surround. skin
D0160 - Depression
M2102d - Caregiver Performs Treatment
M2102f - Patient Supervision
M2102c - Med Admin

PROCEDURES: physician-ordered wound care: #1 - Non-Observable Surgical Wound - Anterior Left Knee - Left knee replacement surgery: Left knee: remove aquacel dressing on the left knee surgical

SN Goals

PATIENT-STATED GOAL: to walk without assistance or device

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
* 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/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

Signature of Physician:	Date
	PAGE 2 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	08/26/2026

Home Health Certification and Plan of Care

Order ID: 1150/21624

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
93156573	08/26/2026	From: 08/26/2026 To: 10/24/2026	28842	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Kathy Taylor 952 Thompson Blvd, ESSEX, MD 21221- 443-261-8668	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

site on the 7th day post op and leave open to air, otherwise, cover with a dry dressing if drainage occurs., cough/deep breathing exercises, incentive spirometer, teach/coordinate/arrange medication packaging and/or administration

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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, 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

PT Careplans

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

08/26/2026 Problems : GG0170M1 - 1 - Step (curb)
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
Pain Effect on Sleep
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
GG0170D1 - Sit to Stand
M1400 - Dyspnea
Pain Interference with ADLs
Pain Interference with Therapy activities

PROCEDURES: Medication management : Review medication with pt and caregiver, cough/deep breathing exercises, incentive spirometer, home exercise program: Supine ankle pumps, quad sets , seated hip flexion knee extension, (heelslides 20 second holds 2x5), progress standing lle hip flexion, hamstring curls, 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, * 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 - 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

PT Goals

PATIENT-STATED GOAL: Pt goal to be independent eventually walk without a walker or cane

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 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

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

Don/Doff Footwear - 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
* 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

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 03. Partial/moderate assistance

Lower Body Dressing - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Range of motion

Walk 10 Feet - 05. Setup or clean-up assistance

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	08/26/2026