Home Health Certification and Plan of Care

Order ID: 1150/21636

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
15195655	08/26/2026	From: 08/26/2026 To: 10/24/2026	235	217058

6. Patient's Name and Address

Elizabeth Garczynski
844 Meadow Heights Ln,
ARNOLD, MD 21012-
4107031186

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 05/28/1952 **9.Sex** Female

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

13. ICD	Other Pertinent Diagnoses	Date
I11.0	Hypertensive heart disease with heart failure	08/26/26
I50.32	Chronic diastolic (congestive) heart failure	08/26/26
M16.11	Unilateral primary osteoarthritis right hip	08/26/26
H90.3	Sensorineural hearing loss bilateral	08/26/26
G47.33	Obstructive sleep apnea (adult) (pediatric)	08/26/26
I48.91	Unspecified atrial fibrillation	08/26/26
D68.69	Other thrombophilia	08/26/26
J30.2	Other seasonal allergic rhinitis	08/26/26
E78.5	Hyperlipidemia unspecified	08/26/26
H81.10	Benign paroxysmal vertigo unspecified ear	08/26/26
R73.03	Prediabetes	08/26/26
M85.80	Oth disrd of bone density and structure unspecified site	08/26/26
E21.3	Hyperparathyroidism unspecified	08/26/26
E66.9	Obesity unspecified	08/26/26
Z68.36	Body mass index [BMI] 36.0-36.9 adult	08/26/26
Z95.0	Presence of cardiac pacemaker	08/26/26
Z79.01	Long term (current) use of anticoagulants	08/26/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	08/26/26
Z79.51	Long term (current) use of inhaled steroids	08/26/26
Z90.49	Acquired absence of other specified parts of digestive tract	08/26/26
Z96.653	Presence of artificial knee joint bilateral	08/26/26
Z86.0100	Personal history of colonic polyps	08/26/26
Z90.710	Acquired absence of both cervix and uterus	08/26/26

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

Jardiance - Empagliflozin 25 mg , Take one-half tablet by mouth once a day
Flonase Allergy Relief - Fluticasone Propionate 50mcg, 1 spray nasal once a day
Carboxymethylcellulose (REFRESH TEARS) 0.5 %, 2 drops both eyes as necessary
Lasix - Furosemide 20 mg 1 tablet by mouth as necessary
Norvasc - Amlodipine Besylate eq 2.5 mg base 1 tablet by mouth once a day
Take 1 tablet by mouth daily for hypertension (instead of one-half 5mg tablet).
Pradaxa - Dabigatran Etexilate Mesylate 75 mg 1 capsule by mouth every 12 hours
Astelin - Azelastine Hydrochloride 137 mcg (0.1 %), 2 sprays nasal twice a day
Ziac - Bisoprolol Fumarate: Hydrochlorothiazide 2.5 mg;6.25 mg 1 tablet by mouth once a day
Zyrtec - Cetirizine Hydrochloride 10mg, 1 tablet by mouth once a day
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1,000 unit, 1 capsule by mouth once a day
Multivitamin-Minerals (MULTIPLE VITAMIN-MINERALS) 1 tablet by mouth once a day
Tylenol Arthritis - Acetaminophen 650 by mouth three times a day Prn
Atorvastatin - Atorvastatin Calcium 20mg by mouth once a day
Docusate - Docusate Sodium 1 tab by mouth twice a day
Oxycodone - Ibuprofen: Oxycodone Hydrochloride 5mg by mouth every 4 hours As needed for pain

14. DME and Supplies:

rolling walker, hand held shower, bath bench, , cane

15. Safety Measures:

transfer with assist, hand rails, fall precautions, diabetic precautions, bleeding precautions, avoid temperature extremes, ambulates with device, standard precautions, emergency phone number prominently displayed, ambulates with assistance, walker precautions, smoke detectors , restricted ROM, medication safety, , anticoagulant precautions, bathroom safety

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

no known allergies

18.A. Functional Limitations

Ambulation

18.B. Activities Permitted

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

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 Right total 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: Physical Therapy Start of Care (SOC) was completed for a 74-year-old female status post right total knee replacement (TKR) performed on 08/24/2026. The patient returned home the same day following surgery with family assistance and currently has family members available at all times for support, with her spouse, Bill, providing continuous assistance. No medication or insurance changes were reported. Following surgery, the patient presents with right knee pain, decreased right knee strength and range of motion, reduced endurance, impaired functional mobility, difficulty with transfers and stair negotiation, unsteady gait, decreased balance and safety awareness, and increased risk for falls. Due to these limitations, the patient requires assistance from another person and an assistive device to safely leave the home and is considered homebound. Skilled home health PT is medically necessary to address deficits in strength, mobility, transfers, gait, balance, stair negotiation, safety awareness, and overall functional endurance to promote safe recovery and return to prior level of function. Without skilled PT intervention, the patient is at increased risk for falls, further functional decline, and loss of independence. The PT plan of care (POC) was discussed and developed with the patient and primary caregiver, who verbalized agreement with the established plan. Home PT services are scheduled to begin 08/26/2026 at a frequency of 2 visits for 1 week, followed by 4 visits for 1 week, after which the patient is scheduled to transition to outpatient PT beginning 09/08/2026. The patient is also scheduled to follow up with PA Hans on 09/08/2026. Education was provided to the patient and caregiver regarding postoperative edema management, including the causes of edema

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 : 08/10/2026

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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and positional strategies to reduce swelling, such as elevating the lower extremities above heart level during rest periods and using compression garments if recommended by the physician. The patient verbalized understanding. Signs and symptoms of possible surgical incision infection were reviewed, including fever, chills, increased redness, swelling, pain, bleeding, or drainage from the incision, as well as persistent nausea or vomiting or pain that does not improve with prescribed medication. The patient was instructed to promptly notify the appropriate healthcare provider if these symptoms occur. The patient was instructed in safe transfer techniques using a walker, including proper hand and foot placement, forward weight shifting, and reaching back for the chair before sitting. She required minimal assistance to standby assistance (SBA) to complete transfers safely. Bed mobility training was provided, including instruction in safe techniques for getting into and out of bed, body mechanics, and strategies to promote greater independence; the patient currently requires minimal assistance for bed mobility. Therapeutic exercise was initiated in the supine position, including ankle pumps, quadriceps sets, and gluteal sets, 1 set of 20 repetitions each, and heel slides, 1 set of 10 repetitions. A written home exercise program (HEP) was left in the home, and the patient was instructed to perform the exercises twice daily as tolerated. Passive range of motion (PROM) of the right knee was also performed in the supine position. Gait training was performed on level surfaces using a walker. The patient required SBA for safe ambulation and received verbal cues for appropriate 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 during ambulation to reduce fall risk. Education was provided regarding the importance and benefits of frequent daily ambulation, including promoting circulation and reducing complications associated with prolonged inactivity. The patient was instructed to begin with short walks inside the home every 1-2 hours, as tolerated, initially completing approximately 1-2 repetitions and gradually progressing walking duration from 3-5 minutes as endurance improves. The patient was instructed to apply ice to the right knee for approximately 20 minutes at a time using an appropriate protective barrier and to perform skin checks every 5 minutes to prevent skin injury. The patient's postoperative pain is currently well controlled with prescribed medications. Education was provided regarding effective pain management, including taking pain medication at the onset of pain as directed and monitoring for potential adverse effects such as dizziness and constipation. The patient was instructed to contact emergency medical services/911 or her healthcare provider for chest pain, shortness of breath, or pain that is severe or not relieved by prescribed medication. She was also advised to take prescribed pain medication approximately one hour before PT visits, as appropriate and according to the medication instructions, to facilitate participation in therapy. The patient verbalized understanding through teach-back. Continued skilled home health PT is indicated to progress right knee ROM and strength, improve transfers and gait safety, advance balance and stair negotiation, increase endurance, reinforce fall-prevention strategies, and facilitate a safe transition to outpatient therapy.
 Date of Order 08/26/2026 Orders Physician Face-to-Face Date: 08/10/2026 Clinical Condition Requiring Home Care per Certifying Physician: SN-pain control, PT-eval & treat due to Right total 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 - PT Notes:
 Physician Huang, James

SN Careplans	SN Goals

PT Careplans	PT Goals
PT WK1: 2 (08/26/26-08/29/26) ,WK2: 4 (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: 1. Non-agency caregiver(s) currently 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.	PATIENT-STATED GOAL: To be able to safely walk wirth my cane GOALS Shower/Bathe Self - 05. Setup or clean-up assistance Toilet Transfer - 06. Independent Car Transfer - 05. Setup or clean-up assistance 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 Picking Up Object - 04. Supervision or touching assistance Eating - 06. Independent 1 - Step (curb) - 04. Supervision or touching assistance 4 Steps - 04. Supervision or touching assistance 12 Steps - 04. Supervision or touching assistance Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance Oral Hygiene - 06. Independent Toileting Hygiene - 06. Independent Lower 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	08/26/2026

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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:Living Will

08/26/2026 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
GG0170D1 - Sit to Stand
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

PROCEDURES: physician-ordered wound care: Remove aquacell dressing 7 days post op, 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: Apply ice to knee x 20 minutes with necessary barrier and skin assessments q 5 minutes., equipment training: Walker/cane, gait training/stair training, transfers training, assist with infection control, assist with fall prevention: Teach falls risk reduction strategies

TEACH PATIENT/CAREGIVER: Sit to Stand - 05. Setup or clean-up assistance, Chair to Bed to Chair - 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 - 05. Setup or clean-up assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
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