Home Health Certification and Plan of Care

Order ID: 1150/21683

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
27226222	08/28/2026	From: 08/28/2026 To: 10/26/2026	22959	217058

6. Patient's Name and Address

Brenda Sobbott
2202 Hampstead Mexico Rd,
Westminster, MD 21157-
410-300-6130

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 10/11/1963 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
Z47.1	Aftercare following joint replacement surgery	08/28/26

13. ICD	Other Pertinent Diagnoses	Date
Z96.651	Presence of right artificial knee joint	08/28/26
M17.12	Unilateral primary osteoarthritis left knee	08/28/26
I10.	Essential (primary) hypertension	08/28/26
I87.2	Venous insufficiency (chronic) (peripheral)	08/28/26
K76.0	Fatty (change of) liver not elsewhere classified	08/28/26
M47.816	Spondylosis w/o myelopathy or radiculopathy lumbar region	08/28/26
F39.	Unspecified mood [affective] disorder	08/28/26
E78.5	Hyperlipidemia unspecified	08/28/26
G47.33	Obstructive sleep apnea (adult) (pediatric)	08/28/26
G57.62	Lesion of plantar nerve left lower limb	08/28/26
K57.30	Dvrtclos of lg int w/o perforation or abscess w/o bleeding	08/28/26
H04.123	Dry eye syndrome of bilateral lacrimal glands	08/28/26
F41.9	Anxiety disorder unspecified	08/28/26
K21.9	Gastro-esophageal reflux disease without esophagitis	08/28/26
E66.9	Obesity unspecified	08/28/26
Z68.36	Body mass index [BMI] 36.0-36.9 adult	08/28/26
Z79.51	Long term (current) use of inhaled steroids	08/28/26
Z79.52	Long term (current) use of systemic steroids	08/28/26
Z90.49	Acquired absence of other specified parts of digestive tract	08/28/26
Z86.0100	Personal history of colonic polyps	08/28/26
Z99.89	Dependence on other enabling machines and devices	08/28/26
Z91.81	History of falling	08/28/26

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

CYMBALTA CPDR SR 30 mg / 1 Capsule by mouth as necessary every other day for 2 weeks , then 1 every 3rd day for 2 weeks then 1 tab twice a week for 2 weeks, then stop
COZAAR 25 mg / 1 Tablet by mouth once a day
Metrogel - Metronidazole 0.75 perc Apply to affected area(s) topical twice a day
Clindamycin Phosphate (CLEOCIN-T) Top Gel 1% / Apply to affected area(s) topical twice a day
Doxycycline Monohydrate (ADOXA) 50 mg / 1 Tablet by mouth once a day
Zoloft - Sertraline Hydrochloride 25 mg / 1 Tablet by mouth once a day Take 2 tablets by mouth daily. Dose increased 11/07/25
Tessalon Pearls - Tessalon Pearls 100 mg / 1 Capsule by mouth every 8 hours as needed for cough
Flonase Allergy Relief - Fluticasone Propionate 50 mcg/actuation / Use 1 Spray nasal twice a day
Pepcid - Famotidine 20 mg / 1 Tablet by mouth twice a day
Deltasone - Prednisone 10 mg / 1 Tablet by mouth once a day Take 6 tablets by mouth daily for 2 days, then 5 tablets for 2 days, then 4 tablets for2 days, then 3 tablets for 2 days, then 2 tablets for 2 days, then 1 tablet for 2 days. Take
with food.
Cholecalciferol, Vitamin D3, 3,000 unit / 1 Tablet by mouth once a day
Oxycodone 5/Apap 500 - Acetaminophen: Oxycodone Hydrochloride 5mg by mouth every 4 hours Pain
Aspirin - Aspirin 81mg by mouth once a day Pain
Colace - Docusate Sodium 100mg by mouth twice a day Constipation
Extra Strength Tylenol - Acetaminophen 1000mg by mouth every 6 hours Pain or fever

14. DME and Supplies:

rolling walker, bath bench, walker, reacher, hoyer lift, , wound care supplies, 4 wheeled walker

15. Safety Measures:

standard precautions, remove environmental barriers, infectious material management, fall precautions, , knee precautions, medication safety, walker precautions, , ambulates with device,

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

azelastine pcn

18.A. Functional Limitations

Dyspnea With Minimal Exertion, Ambulation, Endurance,

18.B. Activities Permitted

Up As Tolerated, 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: 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:

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 08/28/2026

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 : 08/05/2026

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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Clinical Condition Requiring Homecare:

Patient's start-of-care (SOC) consent was signed. Patient is a 62-year-old female who lives with her husband, who serves as her primary caregiver, and was admitted to home health services following a right total knee replacement (TKR) performed on 8/27/26 with same-day surgical discharge. Past medical history is significant for hypertension, hyperlipidemia, anxiety, gastroesophageal reflux disease (GERD), and seasonal allergies. Patient is alert and oriented x4, with vital signs within acceptable parameters. She is wearing compression stockings for circulation, with no signs or symptoms of infection or postoperative complications noted. Patient demonstrates decreased bilateral lower-extremity strength, altered gait mechanics, decreased endurance, and fatigue with mobility, requiring caregiver assistance for indoor ambulation and specialized transportation due to current functional limitations. She is able to tolerate movement and maintain her toileting schedule. Skilled nursing provided education to the patient and caregiver regarding postoperative care, infection prevention, signs and symptoms of infection and complications, proper hand hygiene, medication management, medication effects and potential adverse reactions, pain management, and when to notify the physician. Skilled PT education included the admission packet, home exercise program (HEP), fall prevention, and postoperative precautions. Patient is expected to progress toward bed mobility with supervision, transfers with supervision/contact guard assistance (CGA), and household ambulation with an appropriate assistive device (AD) and supervision/CGA. Skilled PT and SN services are indicated to promote safe recovery, improve strength, balance, gait, endurance, transfers, and functional independence, and reduce the risk of falls and postoperative complications. Patient and caregiver verbalized understanding of the education provided and are in agreement with the plan of care.<o:p></o:p>   Date of Order<o:p></o:p> 08/28/2026
Physician Face-to-Face Date: 08/05/2026<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 - SN Notes:<o:p></o:p> PT Eval Notes:<o:p></o:p> Physician: Huang, James

SN Careplans

SN WK1: 1 (08/28/26-08/29/26) ,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: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 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

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

patient self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

patient is adequately supervised

caregiver administers and/or packages medications appropriately

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	08/28/2026

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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:POLST (Physician Orders for Life-Sustaining Treatment)

09/02/2026 Problems : #1 - Non-Observable Surgical Wound - Anterior Right Knee -
M1400 - Dyspnea
M2020 - Oral Med Management
abnormal blood pressure
difficulty sleeping
daytime fatigue
balance deficit
lethargy
muscle weakness
limited endurance
limited strength
frequent urination
constipation
heartburn/indigestion
bruising/discoloration
B1000 - Vision Deficit
M2102c - Med Admin
M2102f - Patient Supervision
M2102d - Caregiver Performs Treatment

PROCEDURES: physician-ordered wound care: #1 - Non-Observable Surgical Wound - Anterior Right Knee -: 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., cough/deep breathing exercises, incentive spirometer, apply anti-embolitic stockings, apply compression bandage, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange for adequate patient supervision, coordinate/arrange resources for vision-impaired

TEACH PATIENT/CAREGIVER: * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, 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, patient is adequately supervised, caregiver administers and/or packages medications appropriately

PT Careplans

PT WK1: 1 (08/28/26-08/29/26) ,WK2: 3 (08/30/26-09/05/26) ,WK3: 2 (09/06/26-09/12/26)

08/30/2026 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, Medication Review-: Patient verbalized understanding of current prescriptions, dosages, and schedule. No reported issues with adherence, side effects, or confusion at this time., 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 knee ROM, reducing stiffness, and promoting quadriceps activation. Patient instructed on proper technique, pacing, use of ice after exercises, and safe frequency throughout the

PT Goals

PATIENT-STATED GOAL: 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
Picking Up Object - 06. Independent
Oral Hygiene - 06. Independent

Signature of Physician:	Date
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day. Patient verbalized understanding and demonstrated good carryover., work simplification/energy conservation, 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

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Upper Body Dressing - 06. Independent

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