Home Health Certification and Plan of Care

Order ID: 1150/21796

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
69262389	09/02/2026	From: 09/02/2026 To: 10/31/2026	24701	217058

6. Patient's Name and Address

Jeffrey Tarr
7729 Lawrence,
PASADENA, MD 21122-
443-960-0215

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 01/08/1956 | **9.Sex** Male

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

PROZAC 40 mg / 1 Capsule by mouth every morning
XALATAN 0.005 % Opht Drop / Instill 1 drop both eyes in the evening
DRISDOL 1,250 mcg (50,000 unit) / 1 Capsule by mouth every 7 days
NORVASC 5 mg / 1 Tablet by mouth daily
Wellbutrin Xl - Bupropion Hydrochloride 150 mg / 1 Tablet by mouth daily
MOBIC 15 mg / 1 Tablet by mouth daily
Oxycodone - Ibuprofen: Oxycodone Hydrochloride 5mg 1-2 tabs by mouth every 4 hours For pain

11. ICD	Principal Diagnosis	Date
Z47.1	Aftercare following joint replacement surgery	09/02/26

13. ICD	Other Pertinent Diagnoses	Date
I10.	Essential (primary) hypertension	09/02/26
F43.20	Adjustment disorder unspecified	09/02/26
F32.A	Depression unspecified	09/02/26
E66.9	Obesity unspecified	09/02/26
Z68.36	Body mass index [BMI] 36.0-36.9 adult	09/02/26
Z85.46	Personal history of malignant neoplasm of prostate	09/02/26
Z90.49	Acquired absence of other specified parts of digestive tract	09/02/26
Z96.653	Presence of artificial knee joint bilateral	09/02/26
Z87.891	Personal history of nicotine dependence	09/02/26

14. DME and Supplies:

grab bars, 4 wheeled walker, rolling walker, walker, bath bench

15. Safety Measures:

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

16. Nutrition:

regular

17. Allergies:

no known allergies

18.A. Functional Limitations

Endurance, 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: Yes

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 Left 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:

Skilled nursing admission and physical therapy evaluation were completed for a 70-year-old female status post left total knee replacement (TKR) performed on 09/01/2026 for osteoarthritis of the bilateral knees. The patient returned home the same day following surgery with assistance from her daughter, Megan. Skilled nursing focus of care is postoperative follow-up, assessment, and monitoring of the left knee replacement. Upon arrival, the patient answered the door and was alert and oriented 3. She denied chest pain or discomfort and reported no pain at the surgical site at the time of the nursing visit, rating pain 0/10. The patient stated that she is taking prescribed pain medication as directed and is using a Cold Therapy Unit/ice pack on the left knee as prescribed. The non-removable surgical dressing was clean, dry, and intact, with no signs of infection or other postoperative complications observed. The dressing is scheduled for removal seven days postoperatively. The patient reported having a bowel movement that day without difficulty and is currently following a bowel regimen. No swelling was noted in the bilateral lower extremities, and TED compression stockings were in place as prescribed. Medication review was completed, with no missing medications or refill needs identified. Admission paperwork and required consents were completed, and the patient agreed with the established plan of care. Following surgery, the patient demonstrates decreased endurance and mobility, impaired functional mobility, decreased left knee strength, difficulty with transfers and stair negotiation, unsteady gait, impaired balance, and decreased safety awareness, placing her at increased risk for falls. Although the patient has been moving around her home without an assistive device, she was strongly instructed to use her walker at all times for safety. The patient is a previous home health patient and has a documented history of noncompliance with use of an assistive device. Due to her current postoperative limitations and the significant effort required to leave the home, she requires assistance from another person and an assistive device to safely leave the residence and is considered homebound. Physical therapy evaluation was completed, and consents were obtained. The patient requires skilled home PT to address postoperative weakness, decreased range of motion, impaired balance, gait and transfer deficits, difficulty negotiating steps, decreased endurance, and safety concerns. The PT plan of care was discussed and developed with the patient, who agreed with the established plan. Home PT is scheduled at a frequency of 2 <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-6 CE-FMS-visits">visits</mh> per week for 3 weeks beginning 09/02/2026, with <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-6 CE-FMS-visits">visits</mh> planned for Wednesday/Thursday followed by Tuesday/Thursday. The patient is scheduled to follow up with PA Mena on 09/14/2026. Skilled PT will focus on improving lower-extremity strength, left knee range of motion, functional mobility, transfers, gait safety, stair negotiation, balance, endurance, and safety awareness with the goal of restoring the patient's independent function within the home. Without skilled intervention, the patient remains at increased risk for falls, further functional decline, and loss of independence. Patient education was provided regarding postoperative edema management, including the causes of edema and positioning strategies to decrease swelling. The patient was instructed to elevate the lower extremities above heart level during rest periods and to use compression garments only as recommended by the physician. Signs and symptoms of infection and postoperative complications were reviewed, including fever, chills, increased redness, swelling, worsening pain, bleeding, or drainage from the surgical site, as well as persistent nausea or vomiting or pain not relieved by medication. Home safety and fall-prevention education was provided using the patient handbook, including discussion of fall risk factors and environmental measures to reduce the risk of falls. The patient verbalized understanding of the education provided. Transfer training was performed using the walker, with instruction and verbal cues for proper hand and foot placement, forward weight shifting, controlled movement, and reaching back for the chair before sitting. The patient required minimal assistance to standby assistance for safe transfers. Gait safety was reinforced, and the patient was advised to use the walker consistently during ambulation due to her current postoperative deficits and increased fall risk. Therapeutic exercises were initiated in the supine position, including ankle pumps, quadriceps sets, and gluteal sets, 1 set of 20 repetitions each,

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 09/02/2026

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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and heel slides, 1 set of 10 repetitions. Passive range of motion (PROM) of the left knee was also performed in the supine position. A written copy of the home exercise program was left in the home, with instructions for completion twice daily as tolerated. The patient was educated on the importance and benefits of regular daily ambulation following surgery, including promoting circulation, improving endurance and mobility, and reducing complications associated with prolonged inactivity. She was instructed to begin with short walks in the home every one to two hours, completing one to two short bouts as tolerated, with initial longer walking periods limited to approximately three to five minutes and gradually progressed according to tolerance. Ice therapy was reinforced, with instructions to apply ice to the left knee for approximately 20 minutes at a time using an appropriate protective barrier and to assess the skin at five-minute intervals. Pain was reported as well controlled with the current medication regimen during the nursing visit. The patient was instructed on effective pain-management strategies, including taking prescribed pain medication at the onset of pain as directed and monitoring for potential adverse effects such as dizziness and constipation. She was instructed to seek emergency medical assistance for chest pain or severe symptoms and to notify the healthcare provider for shortness of breath or pain that remains uncontrolled despite medication. The patient was also advised, when appropriate and consistent with the prescribed regimen, to take pain medication approximately one hour before PT sessions to facilitate participation and tolerance of therapeutic interventions. The patient verbalized understanding through teach-back. Continued skilled nursing at a frequency of 1 visit per week for 2 weeks and skilled home physical therapy are indicated to monitor postoperative recovery, surgical-site condition, pain and medication management, bowel status, mobility, and potential complications while progressively improving strength, range of motion, gait, transfers, balance, endurance, and overall safety.
 Date of Order 09/02/2026 Orders Physician Face-to-Face Date: 08/13/2026 Clinical Condition Requiring Home Care per Certifying Physician: SN-pain control PT-eval & treat due to Left 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 - SN Notes: soc PT Eval Notes: eval
 Physician Huang, James

SN Careplans

SN frequency WK1: 1 (09/02/26-09/05/26) ,WK2: 1 (09/06/26-09/12/26)

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:No Advance Directive

09/08/2026 Problems : #1 - Non-Observable Surgical Wound - Other - Left Knee - Left TKR
M1400 - Dyspnea
M2020 - Oral Med Management
Home Safety
weak pulses in feet
balance deficit
limited range of motion
limited endurance
limited strength
swell/redness surround. skin
meal preparation

SN Goals

PATIENT-STATED GOAL: To get this leg healed so I can move around as I was

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

caregiver administers and/or packages medications appropriately

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

patient has access to adequate food storage

meal preparation is available to patient for all meals

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	09/02/2026

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D0160 - Depression
M2102c - Med Admin

PROCEDURES: physician-ordered wound care: #1 - Non-Observable Surgical Wound - Other - Left Knee - Left TKR, cough/deep breathing exercises, incentive spirometer, wound vacuum, teach/coordinate/arrange medication packaging and/or administration, coordinate/arrange preparation of missing meals

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, * 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, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient has access to adequate food storage, meal preparation is available to patient for all meals, caregiver administers and/or packages medications appropriately

PT Careplans

PT frequency WK1: 2 (09/02/26-09/05/26) ,WK2: 2 (09/06/26-09/12/26) ,WK3: 2 (09/13/26-09/19/26)

09/02/2026 Problems : GG0170O1 - 12 Steps
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
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: 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 L knee x 20 minutes with necessary barrier and skin assessments q 5 minutes., equipment training: Walker/cane, gait training on uneven surfaces, gait training/stair training, transfers training

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

PT Goals

PATIENT-STATED GOAL: I want t get back to walking independently with no device

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

Shower/Bathe Self - 05. Setup or clean-up assistance

Sit to Stand - 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

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

Toileting Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Upper Body Dressing - 06. Independent

Eating - 06. Independent

Oral Hygiene - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	09/02/2026