HOME HEALTH CERTIFICATION AND PLAN OF CARE

Order ID 115022011

Patient Details

Patient's HI Claim No.	Start of Care Date	Certification Period	Medical Record No.	Provider No.
71155440	09/10/2026	09/10/2026 - 11/08/2026	23735	217058

Patient's Name and Address	Gender	Date of Birth	Phone Number
Donna Dyes 1211 E Homberg Ave Essex, MD 21221	Female	04/03/1963	410-961-1894
	Email		Primary Language: English

Clinical Profile

Provider's Name	Address	Phone Number
HomeCentris Healthcare LLC	10 Crossroads Drive, Suite 102 Owings Mills, MD 21117	410-321-8448
NPI: 1487113239		Fax Number: 410-559-3002

Clinical Condition Requiring Homecare:

The patient is a 63-year-old female with a past medical history significant for asthma, depression, skin lesion, and left popliteal cyst, who was referred to home health services following elective right total knee replacement (TKR) surgery. She returned home the same day with family assistance and is alert and oriented x4. The surgical site is covered with an Aquacel dressing, scheduled for removal on postoperative day 7, with mild swelling noted around the incision. The patient currently presents with postoperative pain, decreased right knee range of motion and strength, impaired balance, ambulatory dysfunction, and deficits in bed mobility and transfers, requiring assistance with mobility and demonstrating a high risk for falls. She ambulates with a walker, and leaving the home requires considerable and taxing effort. Medication reconciliation was completed, and education was provided regarding infection prevention, signs and symptoms of infection, edema management, proper lower-extremity positioning, constipation prevention, use of ice, and compression stockings, with the patient demonstrating good understanding. A home exercise program was initiated, including ankle pumps, quadriceps sets, seated heel slides, knee extension exercises, and gluteal sets, 2-3 sets of 10 repetitions. Continued skilled physical therapy is recommended to address pain, strength, range of motion, balance, transfers, gait, and overall functional mobility to promote safe recovery and reduce the risk of further functional decline and loss of independence. Postoperative follow-up is scheduled for 09/23/2026.<o:p></o:p>

Date of Order<o:p></o:p>
09/10/2026
Physician Face-to-Face Date:
08/19/2026<o:p></o:p>
Clinical Condition Requiring Home Care per Certifying Physician: SN-pain control PT-eval & treat due to Right TotalKnee 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

Physician Statement on 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.

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

ICD-10 CM Principal Diagnosis: Z47.1. Aftercare following joint replacement surgery

Other Pertinent Diagnoses

ICD-10 CM	Description	Medications
I83.93	Asymptomatic varicose veins of bilateral lower extremities	ADIPEX-P 37.5 mg / 1 Tablet by mouth in the morning 30 minutes before a meal Extra Strength Tylenol - Acetaminophen 500mg, 2 tablets by mouth every 8 hours As needed for pain Ventolin - Albuterol 90 mcg/actuation Inhl HFAA / Inhale 2 Puffs by mouth every 6 hours as needed for shortness of breath or quick relief of asthma symptoms or wheezing or cough (rescue inhaler) Topamax - Topiramate 50 mg / 1 Tablet by mouth once a day Take 2 tablets at bedtime Oxycodone - Ibuprofen: Oxycodone Hydrochloride 5mg by mouth every 4 hours 1-2 tabs as needed for pain Mobic - Meloxicam 15 mg / 1 Tablet by mouth once a day as needed Colace - Docusate Sodium 100mg by mouth twice a day 1 tab twice daily for constipation Asa 81 Mg - Aspirin 81mg by mouth twice a day 1 tab twice daily for cardiac prevention methods Meclizine - Meclizine Hydrochloride 25 mg, Take 1 tablet by mouth twice a day As needed for vertigo
I73.9	Peripheral vascular disease unspecified	
J45.909	Unspecified asthma uncomplicated	
I08.1	Rheumatic disorders of both mitral and tricuspid valves	
F32.A	Depression unspecified	
G47.33	Obstructive sleep apnea (adult) (pediatric)	
E78.00	Pure hypercholesterolemia unspecified	
E66.9	Obesity unspecified	
Z68.38	Body mass index [BMI] 38.0-38.9 adult	
Z79.82	Long term (current) use of aspirin	
Z96.653	Presence of artificial knee joint bilateral	
Z87.891	Personal history of nicotine dependence	
Z99.89	Dependence on other enabling machines and devices	

Prognosis
fair

Mental and Psychosocial 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

Functional Limitations
Ambulation

Activities Permitted
Up As Tolerated

DME & Supplies
bath bench, walker, , cane

Safety Measures
medication safety, fall precautions, ambulates with device, knee precautions, standard precautions, bathroom safety, activity supervision

Nutrition
regular

Allergies
latex

Advance Directives
Durable power of attorney for health care/Medical power of attorney

Caregiver Status
1. Non-agency caregiver(s) currently provide assistance; 1. Non-agency caregiver(s) currently provide assistance

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.

DISCHARGE PLAN:
SN: patient will be responsible for managing treatment

PT: family/caregiver will be responsible for managing treatment

Orders for Discipline and Treatment:
1 - SOC - SN

PT Eval: eval

SN CAREPLAN
SN frequency WK1: 1 (09/10/26-09/12/26),WK2: 1 (09/13/26-09/19/26)

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, 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

09/16/2026 Problems : #1 - Non-Observable Surgical Wound - Anterior Right Knee - Right knee surgical site
M1610 - Urinary Incontinence
M1033 - Exhaustion
Pain Effect on Sleep
Pain Interference with ADLs
M1400 - Dyspnea
M2020 - Oral Med Management
balance deficit
limited strength

SN NARRATIVE
The patient is a 63 year old female with a past medical history of asthma, depression, skin lesion, left popliteal cyst, etc. She had right knee replacement surgery. She is alert and oriented x4. The surgical site is covered with an Aquacel dressing which will be removed on the 7th day post op. Mild swelling was observed around the surgical site. Medication review was completed with the patient. Teaching on infection prevention, constipation prevention, use of ice, and compression socks were provided. Post op follow up will be on 09/23/26. She ambulates with a walker.

SN GOALS
PATIENT-STATED GOAL: To walk without an assistive 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
* 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
* urinary incontinence management including bladder training
* Kegel exercises
* skin care
* 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

swell/redness surround. skin PROCEDURES: physician-ordered wound care: #1 - Non-Observable Surgical Wound - Anterior Right Knee - Right knee surgical site: Left Knee surgical site: remove aquacel dressing 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 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, * 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, * 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	

PT CAREPLAN

PT frequency WK1: 1 (09/10/26-09/12/26),WK2: 3 (09/13/26-09/19/26),WK3: 2 (09/20/26-09/26/26)

09/10/2026 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 : Medication reviewed with pt and caregiver, cough/deep breathing exercises, incentive spirometer, home exercise program: Supine quad sets, ankle pumps, Heelslides, seated laq, Heelslides, hip flexion, knee flexion and extension stretching, progress to standing tes as tolerated heelraises, hamstring curls, hip flexion, 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 - 04. Supervision or touching assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent, Range of motion

PT NARRATIVE

Pt is a 63 yo referred to home health services following an elective R TKR pt returned home same day with assist of family. Pt presents with pain, decreased ROM and strength, ambulatory dysfunction, impaired balance, bed mobility and transfer deficits. Pt is a high fall risk and needs assist for all mobility . It is a taxing effort to leave home. Without physical therapy Intervention pt is at risk of further decline and loss of independence. Educated patient on edema management, proper lower extremity positioning, Innstructed patient in signs and symptoms of potential infection they understood well. Began HEP including ankle pumps, quad sets, seated heelsides, seated heelsides knee extension glutsers 2-3x10

PT GOALS

PATIENT-STATED GOAL: To improve my walking and my knee movements and strength

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

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

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

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 04. Supervision or touching assistance

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Upper Body Dressing - 06. Independent

Range of motion

Signature and Date of Verbal SOC Where Applicable:
Electronically signed by: Charles Messick RN on 09/10/2026

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. This patient is under my care, and I have authorized the services on this plan of care and I or another physician will periodically review this plan. I attest that a valid face-to-face encounter occurred (or will occur) within timeframe requirements and it is related to the primary reason the patient requires home health services.
F2F date: 08/19/2026

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.

Certifying Physician or Allowed Practitioner Name and Address **James Huang** 8028 Ritchie Hwy Pasadena, MD 21122 NPI 1154567709	Phone Number 410-737-5600 Fax Number 14107375391

Physician's Signature and Date Signed

X

James Huang
08/19/2026: Date of physician last face-to-face

Dyes, Donna | Cert Period 09/10/26 - 11/08/26