Home Health Certification and Plan of Care

Order ID: 1150/19887

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
49200880	06/17/2026	From: 06/17/2026 To: 08/15/2026	26318	217058

6. Patient's Name and Address

Laurie Wolfe
9 Carmelita Ct,
REISTERSTOWN, MD 21136-
646-662-1961

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 11/10/1962 **9.Sex** Female

11. ICD	Principal Diagnosis	Date
Z47.1	Aftercare following joint replacement surgery	06/17/26

13. ICD	Other Pertinent Diagnoses	Date
Z96.652	Presence of left artificial knee joint	06/17/26
E03.9	Hypothyroidism unspecified	06/17/26
G47.33	Obstructive sleep apnea (adult) (pediatric)	06/17/26
M54.12	Radiculopathy cervical region	06/17/26
D21.9	Benign neoplasm of connective and other soft tissue unsp	06/17/26
E06.3	Autoimmune thyroiditis	06/17/26
H04.123	Dry eye syndrome of bilateral lacrimal glands	06/17/26
A60.00	Herpesviral infection of urogenital system unspecified	06/17/26
K21.9	Gastro-esophageal reflux disease without esophagitis	06/17/26
R91.1	Solitary pulmonary nodule	06/17/26
Z79.82	Long term (current) use of aspirin	06/17/26
Z86.16	Personal history of COVID-19	06/17/26
Z85.828	Personal history of other malignant neoplasm of skin	06/17/26
Z87.891	Personal history of nicotine dependence	06/17/26

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

DESYREL 50 mg / 1 Tablet by mouth at bedtime as needed for sleep
SYNTHROID 100 mcg / 1 Tablet by mouth once a day Monday through Saturday and take TWO tablets on Sundays.
PROTONIX Delayed Release 40 mg / 1 Tablet by mouth 2 times a day
ESTRACE 1 mg/tablet / Take 1 and one-half tablets by mouth once a day
PEPCID 40 mg / 1 Tablet by mouth 2 times a day
MYRBETRIQ SR 50 MG / 1 Tablet by mouth daily for 90 days
ZOVIRAX 400 mg / 1 Tablet by mouth 2 times a day
ASPIRIN Chewable 81 MG / 1 Tablet by mouth once a day Chew and swallow
MULTIVITAMIN 1 Tablet by mouth daily
SINGULAIR 10 mg / 1 Tablet by mouth every evening
ALLEGRA 180 mg / 1 Tablet by mouth daily for 90 days
ASTELIN 137 mcg (0.1 %) Nasl Aero Spray / Use 2 Sprays in each nostril Nasal twice a day
Vitamin B12 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox - Oral by mouth
Bacitracin (BACITRAYCIN PLUS) Top Oint 500 unit/gram / Apply to affected area(s) topical twice a day for 7 days

14. DME and Supplies:

walker, grab bars, , cane

15. Safety Measures:

walker precautions, transfer with assist, standard precautions, smoke detectors , medication safety, knee precautions, fall precautions, bleeding precautions, bathroom safety, aspiration precautions, ambulates with device, ambulates with assistance, activity supervision

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

codeine morphine sulfa antibiotics

18.A. Functional Limitations

Ambulation, Endurance

18.B. Activities Permitted

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: No

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

patient will be responsible for managing treatment
family/caregiver will be responsible for managing treatment

Homebound status: After undergoing Left total knee arthroplasty, 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 63-year-old female with a past medical history significant for osteoarthritis and previous COVID-19 infection who is status post left total knee arthroplasty (TKA), postoperative day one, performed secondary to advanced osteoarthritis of the left knee. Skilled nursing and physical therapy evaluations were completed in the home. Upon arrival, the RN was escorted to the patient's bedroom by her partner, Wendy, with whom the patient resides. Wendy serves as the patient's primary caregiver and reports that she is consistently available to provide assistance with daily care needs. The patient was resting comfortably in bed and was alert, oriented, and cooperative throughout the visit. She reported ongoing pain and stiffness in the left lower extremity consistent with her recent surgical procedure. The patient stated that she is adhering to a scheduled pain medication regimen, incorporating rest periods, and utilizing an Iceman cold therapy device for pain and swelling management, all of which have provided symptom relief. Vital signs were assessed and found to be stable. The surgical incision was covered with an Aquacel dressing that was clean, dry, and intact, with no drainage, bleeding, or signs of infection noted during the assessment. The patient reported that she had been contacted by two Kaiser nurses as well as her orthopedic surgeon earlier in the day for postoperative follow-up and monitoring. Ambulation status was reviewed, and the patient confirmed that she is currently utilizing a walker for all mobility activities as instructed. Postoperative education was provided regarding adherence to physician orders, pain management strategies, incision care, infection prevention, safe mobility techniques, and the importance of following all postoperative restrictions and recommendations to promote healing and reduce the risk of complications. The patient demonstrated understanding of the education provided and expressed compliance with the prescribed plan of care. No additional questions or concerns were voiced at the conclusion of the visit, and the patient remained stable upon departure. Physical therapy evaluation revealed postoperative impairments including left lower extremity weakness, pain, impaired balance, altered gait mechanics, and decreased functional mobility. These deficits contribute to difficulty with bed mobility, sit-to-stand transfers, household ambulation, and stair negotiation, resulting in an increased risk for falls and reduced independence with daily activities. Skilled home health physical therapy is medically necessary to address these impairments through therapeutic exercises, gait training, transfer training, balance interventions, fall prevention strategies, and ongoing patient and caregiver education. The goal of therapy is to promote safe postoperative recovery, improve strength and functional mobility, maximize independence within the home environment, reduce fall risk, and prevent complications or potential rehospitalization. The patient continues to require skilled interdisciplinary home health services and caregiver support to safely progress toward her prior level of function.
 Date of Order 06/17/2026 Orders Physician Face-to-Face Date: 06/04/2026 Clinical Condition Requiring Home Care per Certifying Physician: SN-pain control PT-eval & treat due to Left total knee arthroplasty 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:

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 06/17/2026

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 : 06/04/2026

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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soc PT Eval Notes: eval
 Physician Huang, James

SN Careplans

SN WK1: 1 (06/17/26-06/20/26) ,WK2: 1 (06/21/26-06/27/26)

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 > 10

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

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:Yes

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, M2102c - Med Admin, coughing, M1033 - Exhaustion, M1400 - Dyspnea, constipation, heartburn/indigestion, regurgitation of food, swelling of affected area, limited endurance, limited range of motion, limited strength, muscle weakness, poor muscle tone, Pain Interference with ADLs, Pain Effect on Sleep, difficulty sleeping, balance deficit, headache, red/tender pressure points, swell/redness surround. skin, open sores/lesions, discolored patches of skin, bruising/discoloration

PROCEDURES: cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, physician-ordered wound care, 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, * 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, patient is adequately supervised, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

SN Goals

PATIENT-STATED GOAL: To get back to my normal self

GOALS
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
* 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
* 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

patient is adequately supervised

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

PT Careplans

PT Goals

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

06/17/2026

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PT WK1: 2 (06/17/26-06/20/26) ,WK2: 2 (06/21/26-06/27/26) ,WK3: 2 (06/28/26-07/04/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: 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, 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 day. Patient verbalized understanding and demonstrated good carryover., 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 - 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 - 06. Independent, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Upper Body Dressing - 06. Independent

PATIENT-STATED GOAL: to have a successful post surgical outcome

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 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 - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Upper Body Dressing - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	06/17/2026