HOME HEALTH CERTIFICATION AND PLAN OF CARE

Order ID 115022122

Patient Details

Patient's HI Claim No.	Start of Care Date	Certification Period	Medical Record No.	Provider No.
49177405	09/16/2026	09/16/2026 - 11/14/2026	29663	217058

Patient's Name and Address	Gender	Date of Birth	Phone Number
Yangling Huang 6435 Galway Dr CLARKSVILLE, MD 21029	Male	02/16/1962	443-851-6032
	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 64-year-old female status post right total hip replacement performed on 9/15/2026 due to right hip osteoarthritis/joint pain. Past medical history is significant for Graves disease, lumbar spondylosis, osteopenia, and prediabetes. The patient is alert and oriented x3 and reports right leg heaviness and postoperative right hip pain/stiffness. She reports dizziness that has improved since last evening and denies shortness of breath. Lung sounds are clear. The patient reports a fair appetite, and her last bowel movement was prior to surgery. The right upper leg surgical dressing is intact, and the patient is wearing compression stockings. She is currently using a walker for safe ambulation, with her spouse assisting with all ADLs and IADLs. The patient presents with right lower-extremity weakness, impaired balance, altered gait mechanics, and right hip pain/stiffness affecting bed mobility, transfers, and household ambulation. She requires a rolling walker for safe mobility and is considered homebound due to postoperative functional limitations and the need for assistance and an assistive device to safely leave the home. The surgical incision is covered with an Aquacel dressing, which remains intact. Skilled nursing frequency is 1W2, and PT evaluation is ordered. Skilled nursing reviewed all medications, including dosage, frequency, and pertinent side effects, and provided education regarding effective pain management and pertinent postoperative instructions. The patient and spouse were instructed regarding incision and dressing protection, infection precautions, medication use, activity pacing, and postoperative safety, and both were receptive to all instructions provided. Skilled PT will address ROM and strengthening, gait and transfer training, balance, fall prevention, and safe functional mobility to promote recovery and return toward the patient's prior level of independence.

Date of Order
09/16/2026
Orders
Physician Face-to-Face Date: 09/09/2026

Physician Statement on Homebound Status:

After undergoing Right total hip 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 Home Care per Certifying Physician: SN-pain control PT-eval & treat due to Right total hip 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	

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

Other Pertinent Diagnoses

ICD-10 CM	Description	Medications
Z96.641	Presence of right artificial hip joint	Tylenol Es 500 Mg - Acetaminophen 500mg; 2 tabs by mouth every 8 hours as needed for pain Oxycodone - Ibuprofen: Oxycodone Hydrochloride 5mg; 1 tab by mouth every 4 hours as needed for pain Colace - Docusate Sodium 100mg; 1 cap by mouth twice a day bowel regimen Asa 81 Mg - Aspirin 81mg; 1 tab by mouth twice a day anticoagulant post hip replacement
M47.816	Spondylosis w/o myelopathy or radiculopathy lumbar region	
M85.80	Oth disrd of bone density and structure unspecified site	
E05.00	Thyrotoxicosis w diffuse goiter w/o thyrotoxic crisis	
E78.5	Hyperlipidemia unspecified	
E55.9	Vitamin D deficiency unspecified	
D25.9	Leiomyoma of uterus unspecified	

Prognosis good	**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 Endurance, Ambulation	**Activities Permitted** Up As Tolerated, Walker, Exercises Prescribed
DME & Supplies walker	**Safety Measures** smoke detectors , emergency phone # clearly displayed, bathroom safety, , standard precautions, fall precautions, bleeding precautions, ambulates with device, walker precautions, medication safety, ambulates with assistance, transfer with assist, hip precautions, anticoagulant precautions, activity supervision
Nutrition Z. NO PHYSICIAN-ORDERED DIET	**Allergies** no known allergies

Advance Directives	Caregiver Status
No	2. Non-agency caregiver(s) need training/supportive services to provide assistance; 2. Non-agency caregiver(s) need training/supportive services to provide assistance
Rehabilitation Potential	**DISCHARGE PLAN:**
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.	SN: family/caregiver 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 (09/16/26-09/19/26),WK2: 1 (09/20/26-09/26/26)

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, 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; 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 ; 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.

RIGHT HIP
Advance Directive:No

09/18/2026 Problems : swelling of affected area (MS)
muscle weakness (MS)
#1 - Non-Observable Surgical Wound - Anterior Right Hip - DRESSING INTACT
M1033 - Exhaustion
M1400 - Dyspnea
M2020 - Oral Med Management
dizziness/syncope
balance deficit

SN NARRATIVE

PATIENT S/P RIGHT TOTAL HIP REPLACEMENT. PMH INCLUDES GRAVES DISEASE AND LUMBAR SPONDYLOSIS. SN FREQ 1W2. PT EVAL ORDERED. SPOUSE ASSIST WITH ALL ADL'S AND IADL'S.

PATIENT IS ALERT AND ORIENTED X3, REPORTS RIGHT LEG HEAVINESS, DIZZINESS THAT HAS IMPROVED SINCE LAST EVENING, DENIES SOB, LUNGS CLEAR, LBM PRIOR TO SURGERY, REPORTS FAIR APPETITE, RIGHT UPPER LEG DRESSING INTACT, PT WEARING COMPRESSION STOCKINGS, USING WALKER FOR SAFE AMBULATION.

SN REVIEWED ALL MEDICATIONS, DOSE, FREQUENCY AND PERTINENT SIDE EFFECTS; INSTRUCTED ON EFFECTIVE PAIN MANAGEMENT AND REVIEWED PERTINENT POST OP INSTRUCTIONS.PT AND SPOUSE RECEPTIVE TO ALL INSTRUCTIONS.

SN GOALS

PATIENT-STATED GOAL: I DO NOT WANT 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
* 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

caregiver administers and/or packages medications appropriately

meal preparation is available to patient for all meals

limited range of motion limited strength limited endurance meal preparation M2102d - Caregiver Performs Treatment M2102f - Patient Supervision M2102c - Med Admin PROCEDURES: physician-ordered wound care: #1 - Non-Observable Surgical Wound - Anterior Right Hip - DRESSING INTACT: SN TO REMOVE RIGHT HIP DRESSING POT OP DAY 7. KEEP OPEN TO AIR, cough/deep breathing exercises, 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 achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, 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, meal preparation is available to patient for all meals, caregiver administers and/or packages medications appropriately	

PT CAREPLAN
PT frequency WK1: 2 (09/16/26-09/19/26),WK2: 2 (09/20/26-09/26/26),WK3: 2 (09/27/26-10/03/26)

09/17/2026 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: HEP: 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., B LE mm strengthening: 1, work simplification/energy conservation, 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 - 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

PT NARRATIVE
Patient is a 64-year-old female with PMHx significant for right hip OA/joint pain, osteopenia, lumbar spondylosis, Graves disease, and prediabetes, referred for skilled home health PT evaluation s/p right total hip replacement on 9/15/2026. Patient presents with RLE weakness, impaired balance, altered gait mechanics, and right hip pain/stiffness, impacting bed mobility, transfers, and household ambulation. Patient currently requires rolling walker for safe mobility and is homebound due to postoperative limitations and need for assistance/AD for community mobility. Surgical incision covered with Aquacel dressing; education provided regarding incision/dressing protection, infection precautions, medication use, activity pacing, and postoperative safety. Skilled PT initiated for ROM/strengthening, gait and transfer training, and fall prevention.

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

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 and Date of Verbal SOC Where Applicable:
Electronically signed by: Charles Messick RN on 09/16/2026

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: 09/09/2026

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
09/09/2026: Date of physician last face-to-face