

Home Health Certification and Plan of Care				Order ID: 1150/12118	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
22110257		09/11/2025		From: 09/11/2025 To: 11/09/2025	
4. Medical Record No.		5. Provider No.			
16669		217058			
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Beverly Barksdale 14 Barnstable, OWINGS MILLS, MD 21117- 443-803-8099			HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239		
8. DOB			9. Sex		
03/27/1957			Female		
11. ICD			10. Medications: Dose/Frequency/Route (N)ew (C)hanged		
Z47.1			Drisdol - Ergocalciferol 1,250 mcg (50,000 unit) Oral Cap, Take 1 capsule by mouth once a week Take 1 capsule by mouth every 7 days		
13. ICD			Oxycodone Hydrochloride - Oxycodone Hydrochloride 5 mg by mouth every 4 hours 1-2 tablets as needed For incisional pain		
Z96.652					
I10.					
M54.50					
G89.29					
J30.9					
R73.03					
E55.9					
H04.123					
B35.4					
R80.9					
L30.9					
E66.01					
Z68.33					
Z85.42					
14. DME and Supplies:			15. Safety Measures:		
walker, commode, cane			bleeding precautions, standard precautions, infectious material management, walker precautions, no bp right arm, medication safety, knee precautions, fall precautions, bathroom safety, anticoagulant precautions, ambulates with device		
16. Nutrition:			17. Allergies:		
Z. NO PHYSICIAN-ORDERED DIET			peanuts pcn v shellfish claritan		
18.A. Functional Limitations			18.B. Activities Permitted		
Ambulation			Up As Tolerated		
19. Mental & 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		
20. Prognosis:			good		
22. A Rehabilitation Potential:			22.B.Discharge Plans		
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.			patient 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: <div>The patient is a 68-year-old female admitted to home health for follow-up after recent total knee arthroplasty (documentation variably lists right vs. left; operative side to be confirmed). Her past medical history includes vitamin D deficiency, endometrial cancer, severe obesity, prediabetes, chronic low back pain, bilateral knee pain, and eczema. She will stay with a friend in a single-level home during recovery; her prior level of function (PLOF) was independent for mobility and ADLs. The patient uses a rolling walker, bedside commode, and a leg lifter, and currently stands and transfers independently using the walker plus contralateral limb hooking techniques for bed mobility. She ambulates short distances with supervision; outdoor ambulation, stair negotiation, and car transfers were not assessed. Upper- and lower-body dressing require setup assistance. A Timed Up-and-Go was recorded as 2:48 (2 minutes 48 seconds), consistent with a high fall risk. Exam and testing revealed limitations in left lower-extremity hip and knee strength and reduced active range of motion of the left knee in flexion and extension. A home exercise program (supine therapeutic exercises, sit-to-stands, and hourly ambulation) and a seated exercise handout were reviewed with the patient. Skilled therapy services are recommended to address strength, mobility, fall risk, and to promote a safe return to prior level of function.</div><div> </div><div> </div><div>Date of Order</div><div>09/11/2025</div><div>Orders</div><div>Physician Face-to-Face Date: 07/16/2025</div><div>Clinical Condition Requiring Home Care per Certifying Physician: SN-pain control PT-eval & treat due to Left Total Knee Arthroplasty</div><div>Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home</div><div> </div><div> </div><div>1 - SOC - SN Notes: soc</div><div>PT Eval Notes: eval</div><div>Physician</div><div>Narcisse, Patrick</div></div>					
SN Careplans			SN Goals		
23. Signature and Date of Verbal SOC Where Applicable:			25. Date HHA Received Signed POT		
Electronically Signed by Messick, Charles SN RN on 09/11/2025					
24. Physician's Name and Address			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.		
Patrick Narcisse 2391 Greenspring Dr Timonium , MD 21093 PHONE: 410-847-3000 FAX: NPI: 1508397092			F2F date : 07/16/2025		
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.		
			PAGE 1 of 3		

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SN WK1: 1 (09/11/25-09/13/25) ,WK2: 1 (09/14/25-09/20/25)			PATIENT-STATED GOAL: Patient would "like to be more mobile than I use to be."		
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			GOALS		
CAREGIVER: 0. No assistance needed - patient is independent or does not have needs in this area			patient/caregiver recalls		
HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications			* how to achieve wound healing including cleaning and dressing wound		
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.			* position changes		
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.			* skin care		
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			* diet modification		
Implement Fall Prevention Program, Instruct and educate the patient/PCG on wearing compression stockings for the next 4 weeks per discharge instructions.			* record wound measurements		
Instruct the pt/PCG on using the incentive spirometer 10 times every 2 hour while awake.			* recalls related medication(s) purpose, schedule		
Provide education content at patient's level of health literacy.			patient/caregiver recalls		
Assess/Instruct Pt/Pcg: Safety measures to prevent injury.			* lifestyle modifications to manage respiratory condition including		
Assess: Musculoskeletal status.			* diet changes and regular exercise		
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			* strategies to control shortness of breath		
Assess/Instruct Pt/Pcg: Pain management measures; assess pain level, pain medication, rest, body alignment, ROM, meditation, massage.			* home remedies to keep lungs healthy		
Pt/Pcg educated in pain management techniques including positioning and relaxation techniques			* recalls related medication(s) purpose, schedule		
Instruct Pt/Pcg: Medication actions, uses, frequency, dose, side effects, interactions of all new/change meds, Provide medication education.,			patient self-administers medications as prescribed		
Assess/Instruct Pt/Pcg: Safety measures to prevent injury, Therapeutic Exercise, Transfer Training			* recalls related medication(s) purpose, schedule		
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:Living Will					
PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M1400 - Dyspnea, swelling of affected area, limited range of motion, limited strength, balance deficit, swell/redness surround. skin, #1 - Non-Observable Surgical Wound - Anterior Left Knee -					
PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, incentive spirometer, physician-ordered wound care: To right knee surgical site- 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.					
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, patient self-administers medications as prescribed, related medication(s) purpose, schedule					
PT Careplans			PT Goals		
PT WK1: 2 (09/11/25-09/13/25) ,WK2: 3 (09/14/25-09/20/25) ,WK3: 1 (09/21/25-09/27/25)			PATIENT-STATED GOAL: To walk independently		
PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 Dyspnea, Pain Interference with ADLs, GG0170I1 - Walk 10 Feet, GG0130A1 - Eating, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, 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, GG0130B1 - Oral Hygiene, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170D1 - Sit to Stand, GG0130C1 - Toileting Hygiene, GG0170F1 - Toilet Transfer, GG0130E1 - Shower/Bathe Self, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing			GOALS		
PROCEDURES: Therapeutic exercise , Dynamic standing balance , Medication Review- Medications reviewed with patient/caregiver., gait training on uneven surfaces, gait training/stair training, transfers training			Chair to Bed to Chair - 06. Independent		
TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage respiratory condition including diet changes and regular exercise strategies to control shortness of breath			Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance		
			1 - Step (curb) - 05. Setup or clean-up assistance		
			Toilet Transfer - 06. Independent		
			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		
Signature of Physician:			Date		
			PAGE 2 of 3		
Optional Name/Signature of Nurse/Therapist:			Date		
Electronically Signed by Messick, Charles SN RN			09/11/2025		

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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, Oral Hygiene - 06. Independent, Lower Body Dressing - 06. Independent, Shower/Bathe Self - 03. Partial/moderate assistance, Toileting Hygiene - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, 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, Medication Review- Patient/caregiver, related purpose and schedule of medications.			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 Lower Body Dressing - 06. Independent Shower/Bathe Self - 03. Partial/moderate assistance Don/Doff Footwear - 06. Independent Sit to Stand - 06. Independent Car Transfer - 06. Independent 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 Medication Review- Patient/caregiver recalls related purpose and schedule of medications. Oral Hygiene - 06. Independent Toileting Hygiene - 06. Independent Eating - 06. Independent Walk 10 Feet - 05. Setup or clean-up assistance Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance		

Signature of Physician:	Date
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