Home Health Certification and Plan of Care

Order ID: 1150/13262

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
24230962	10/16/2025	From: 10/16/2025 To: 12/14/2025	17818	217058

6. Patient's Name and Address
Thomas Howell
119 Riverthorn Rd,
Middle River, MD 21220-
443-559-9961

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 10/22/1953 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
Z47.1	Aftercare following joint replacement surgery	10/16/25

13. ICD	Other Pertinent Diagnoses	Date
Z96.652	Presence of left artificial knee joint	10/16/25
M17.11	Unilateral primary osteoarthritis right knee	10/16/25
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy	10/16/25
I11.0	Hypertensive heart disease with heart failure	10/16/25
I50.9	Heart failure unspecified	10/16/25
I48.91	Unspecified atrial fibrillation	10/16/25
E11.319	Type 2 diabetes w unsp diabetic rtnop w/o macular edema	10/16/25
G47.33	Obstructive sleep apnea (adult) (pediatric)	10/16/25
E11.36	Type 2 diabetes mellitus with diabetic cataract	10/16/25
M21.371	Foot drop right foot	10/16/25
H91.93	Unspecified hearing loss bilateral	10/16/25
K21.9	Gastro-esophageal reflux disease without esophagitis	10/16/25
F32.A	Depression unspecified	10/16/25
F41.9	Anxiety disorder unspecified	10/16/25
E03.9	Hypothyroidism unspecified	10/16/25
E66.01	Morbid (severe) obesity due to excess calories	10/16/25
Z68.35	Body mass index [BMI] 35.0-35.9 adult	10/16/25
Z79.4	Long term (current) use of insulin	10/16/25
Z97.4	Presence of external hearing-aid	10/16/25
Z86.0100	Personal history of colonic polyps	10/16/25
Z87.891	Personal history of nicotine dependence	10/16/25

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

Extra Strength Tylenol - Acetaminophen 650mg by mouth twice a day Pain
Bupropion Hydrobromide - Bupropion Hydrobromide 150 by mouth once a day Depression and anxiety
Coreg - Carvedilol 12.5 by mouth twice a day With meals
Digitek - Digoxin 125 by mouth at bedtime
Dabigatran Etexilate - Dabigatran Etexilate 150 by mouth twice a day
Oxaydo - Oxycodone Hydrochloride 5mg by mouth every 4 hours
Escitalopram - Escitalopram Oxalate 20mg by mouth in the morning
Famotidine - Famotidine 20 mg by mouth twice a day
Lasix - Furosemide 40 mg by mouth twice a day
Glipizide - Glipizide 10 mg by mouth in the morning
Vitamin D - Ergocalciferol 125 mcg by mouth in the morning
Desyrel - Trazodone Hydrochloride 50 mg **federal register determination that product was not discontinued or withdrawn for safety or efficacy reason** by mouth at bedtime
Spiriva - Tiotropium Bromide Monohydrate 2.5 mcg inhalant once a day 2 puffs
Semaglutide 2mg 2mg intramuscular once a week
Pravachol - Pravastatin Sodium 40 mg by mouth in the evening
Pantoprazole - Pantoprazole Sodium 40 mg by mouth twice a day
Memantine Hydrochloride - Memantine Hydrochloride 10 mg by mouth twice a day
Armour Thyroid - Levothyroxine Sodium 88 mcg by mouth in the morning
Humulin - Insulin Recombinant Human 100 units intramuscular three times a day
Lantus - Insulin Glargine Recombinant 64 hnits intramuscular at bedtime
Colace - Docusate Sodium 100mg by mouth twice a day
Cpap - Cpap 2 inhalant at bedtime

14. DME and Supplies:
sock aid, wound care supplies, grab bars, walker, small base cane, diabetic supplies, bath bench, commode

15. Safety Measures:
sharps precautions, bleeding precautions, standard precautions, walker precautions, infectious material management, fall precautions, aspiration precautions, avoid temperature extremes, knee precautions, medication safety, bathroom safety, ambulates with device, ambulates with assistance, activity supervision

16. Nutrition:
low cholesterol, diabetic

17. Allergies:
no known allergies

18.A. Functional Limitations
Dyspnea With Minimal Exertion, Ambulation, Endurance

18.B. Activities Permitted
Walker, Cane, 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: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.

22.B.Discharge Plans
patient will be responsible for managing treatment

Homebound status:
After undergoing Left 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

Clinical Condition Requiring Homecare:
The patient is a 72-year-old male who recently underwent a left total knee replacement. He resides on the second floor with his wife and other family members. Since surgery, he has not yet attempted to use his assistive device. The patient is alert and oriented 4, denies chest pain at rest or dizziness, but reports shortness of breath with minimal exertion. He denies urinary issues and reports a bowel movement yesterday, with normoactive bowel sounds noted. Lung sounds are clear, and pedal pulses are present. Education was provided on medication use and side effects, as well as signs and symptoms of deep vein thrombosis (DVT). A recent change in his medication regimen was also noted. The patient is morbidly obese and status post left total knee replacement, presenting with severe postoperative pain and edema. In the supine position, he was assisted with ankle rolls (for hamstring stretching), heel slides, and leg abduction/adduction exercises. While seated, he performed long arc quadriceps exercises and was then assisted to stand and ambulate a few steps with a walker before experiencing fatigue and being safely transferred back to bed. The patient was educated on the importance of ice application for pain and edema management and encouraged to continue gradual mobility as tolerated.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 10/16/2025
 Order<o:p></o:p> <p

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 10/16/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address
Patrick Narcisse
2391 Greenspring Dr
Timonium , MD 21093
PHONE: 410-847-3000 FAX: NPI: 1508397092

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 : 10/02/2025

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.

Home Health Certification and Plan of Care

Order ID: 1150/13262

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
24230962	10/16/2025	From: 10/16/2025 To: 12/14/2025	17818	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Thomas Howell 119 Riverthorn Rd, Middle River, MD 21220- 443-559-9961	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

class="MsoNoSpacing">Physician Face-to-Face Date: 10/02/2025
 Clinical Condition Requiring Home Care per Certifying Physician: SN-pain control PT-eval & treat due to Left Total Knee Replacement surgery
 Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home<o:p></o:p>
 1 - SOC - SN Notes:
 PT Eval Notes:<o:p></o:p> Physician: Narcisse, Patrick

SN Careplans

SN WK1: 1 (10/16/25-10/18/25) ,WK2: 1 (10/19/25-10/25/25)

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: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 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:POLST (Physician Orders for Life-Sustaining Treatment)

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, M2102d - Caregiver Performs Treatment, M2102f - Patient Supervision, M2020 - Oral Med Management, M1400 - Dyspnea, coughing, abn cholesterol > 200 mg/dL, abnormal blood pressure, abnormal thyroid <> 0.40 - 4.50 mIU/mL, abnormal BS < 70/140 > mg/dL, constipation, heartburn/indigestion, muscle weakness, swelling of affected area, limited range of motion, limited strength, B1000 - Vision Deficit, Pain Interference with Therapy activities, balance deficit, difficulty sleeping, Pain Interference with ADLs, Pain Effect on Sleep, obesity, bruising/discoloration, #1 - Non-Observable Surgical Wound - Anterior Left Knee -

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, physician-ordered wound care: To left 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., glucose testing via monitor, coordinate/arrange resources for vision-impaired

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 keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient is adequately supervised, caregiver performs medical/rehabilitation treatments with adequate competence

SN Goals

PATIENT-STATED GOAL: I want to walk without pain

GOALS
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
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

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

patient is adequately supervised

caregiver performs medical/rehabilitation treatments with adequate competence

PT Careplans

PT Goals

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	10/16/2025

Home Health Certification and Plan of Care

Order ID: 1150/13262

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
24230962	10/16/2025	From: 10/16/2025 To: 12/14/2025	17818	217058

6. Patient's Name and Address	7. Provider's Name, Address and Telephone Number
Thomas Howell 119 Riverthorn Rd, Middle River, MD 21220- 443-559-9961	HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239

PT WK1: 2 (10/16/25-10/18/25) ,WK2: 3 (10/19/25-10/25/25) ,WK3: 1 (10/26/25-11/01/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 Dyspnea, Pain Interference with ADLs, Pain Effect on Sleep, GG0170J1 - Walk 50 ft with 2 Turns, 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, GG0130B1 - Oral Hygiene, GG0170I1 - Walk 10 Feet, 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

PROCEDURES: Medication Review: The medication was reviewed with the patiet , TKR exerises: Ankle pumps, heel slides, le abd/add, long arc , marching an dheel raises 10x2 reps , cough/deep breathing exercises, incentive spirometer, equipment training, 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, Oral Hygiene - 06. Independent, Lower Body Dressing - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up 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

PATIENT-STATED GOAL: To walk again with out pain

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

Toilet Transfer - 06. Independent

Chair to Bed to Chair - 06. Independent

Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance

1 - Step (curb) - 05. Setup or clean-up assistance

Car Transfer - 06. Independent

Picking Up Object - 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

Oral 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

Walk 150 Feet - 05. Setup or clean-up assistance

Lower Body Dressing - 06. Independent

Toileting Hygiene - 06. Independent

Don/Doff Footwear - 06. Independent

Sit to Stand - 06. Independent

4 Steps - 05. Setup or clean-up assistance

12 Steps - 05. Setup or clean-up assistance

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	10/16/2025