

Home Health Certification and Plan of Care				Order ID: 115013247	
1. Patient's HI claim No.		2. Start Of Care Date		3. Certification Period	
181124597		10/10/2025		From: 10/10/2025 To: 12/08/2025	
4. Medical Record No.		5. Provider No.			
17707		217058			
6. Patient's Name and Address Kimberly Carroll 701 Grantwood Rd, Baltimore, MD 21220- 443-562-7122			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 08/08/1967			9. Sex Female		
11. ICD Z47.1 13. ICD Z96.651 I10. E78.5 J30.9 F90.0 H25.13 D25.9 K44.9 E55.9 F41.9 K21.9 E66.9 Z68.33 Z79.82 Z90.49 Z98.84			10. Medications: Dose/Frequency/Route (N)ew (C)hanged Aspirin (ECOTRIN LOW STRENGTH) 81 mg , Take 1 tablet by mouth twice a day Take 1 tablet by mouth 2 times a day for 28 days Roxicodone - Oxycodone Hydrochloride 5 mg Oral Tab , Take 1 to 2 tablets by mouth every 4 hours Take 1 to 2 tablets by mouth every 4 hours as needed for pain Tylenol - Acetaminophen 500 mg Oral Tab , Take 2 tablets by mouth every 6 hours Take 1 tablet by mouth every 6 hours as needed Colace - Docusate Sodium 100 mg Oral Cap , Take 1 capsule by mouth twice a day Take 1 capsule by mouth 2 times a day Milk Of Magnesia - Simethicone 355ml, take 30ml by mouth once a day As needed for constipation Drisdol - Ergocalciferol 1,250 mcg (50,000 unit) Oral Cap , Take 1 capsule by mouth once a day Take 1 capsule by mouth every 7 days		
14. DME and Supplies: walker, commode, hospital bed			15. Safety Measures: walker precautions, medication safety, fall precautions, bleeding precautions, no lifting, ambulates with device, standard precautions, hand rails, knee precautions, bathroom safety, activity supervision, anticoagulant precautions		
16. Nutrition: Z. NO PHYSICIAN-ORDERED DIET			17. Allergies: no known allergies		
18.A. Functional Limitations Ambulation			18.B. Activities Permitted 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: 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 another facility/provider will be responsible for managing treatment		
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.					
Clinical Condition Requiring Homecare: <p class="MsoNoSpacing">The patient is a 58-year-old female with a past medical history of hypertension, hyperlipidemia, and vitamin D deficiency. She is status post right total knee replacement, with the surgical site covered by an Aquacel dressing. Vital signs were within normal limits. Patient education was provided on infection prevention, medication compliance, potential side effects, constipation prevention, and the importance of ice application and limb elevation. Lung sounds were clear to auscultation, and bowel sounds were active. The patient ambulates with a walker, and her family remains actively involved in her care. The patient reports severe postoperative pain and edema in the right knee. She was positioned in supine and guided through therapeutic exercises, including ankle pumps, heel slides, and leg abduction/adduction. While seated, she performed additional heel slides and long arc quadriceps exercises, and while standing, she completed one-leg marching and heel raises (10 repetitions 2 sets). The patient was instructed on the safe use of the rolling walker and proper application of ice to aid in pain and edema management.</p><p class="MsoNoSpacing"></p><p class="MsoNoSpacing">Date of Order</p><p class="MsoNoSpacing">10/10/2025 Order</p><p class="MsoNoSpacing">Physician Face-to-Face Date: 09/12/2025 Clinical Condition Requiring Home Care per Certifying Physician: SN-pain control PT-eval & treat due to Right 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</p><p class="MsoNoSpacing"> 1 - SOC - SN Notes: PT Eval Notes:</p><p class="MsoNoSpacing">Physician: Narcisse, Patrick</p>					
SN Careplans			SN Goals		
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by Messick, Charles RN on 10/10/2025			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 : 09/12/2025		
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		

Home Health Certification and Plan of Care				Order ID: 1150/13247
1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
181124597	10/10/2025	From: 10/10/2025 To: 12/08/2025	17707	217058
6. Patient's Name and Address Kimberly Carroll 701 Grantwood Rd, Baltimore, MD 21220- 443-562-7122		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		
SN WK1: 1 (10/10/25-10/11/25) ,WK2: 1 (10/12/25-10/18/25) 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: 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 PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, limited strength, Pain Effect on Sleep, Pain Interference with ADLs, balance deficit, swell/redness surround. skin, #1 - Non-Observable Surgical Wound - Anterior Left Knee - PROCEDURES: cough/deep breathing exercises, incentive spirometer, physician-ordered wound care: Left Knee surgical site: Remove Aquacel dressing on the 7th day post op and LOTA, otherwise, cover with dry gauze. 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, * 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-STATED GOAL: To walk without 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 * 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 * 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		
PT Careplans PT WK1: 1 (10/10/25-10/11/25) ,WK2: 3 (10/12/25-10/18/25) ,WK3: 2 (10/19/25-10/25/25) 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 patient , TKR exercises : Ankle pumps, heel slides, le abd/add, slr, long arc , marching and heel raises 10x2 reps , cough/deep breathing exercises, incentive spirometer, equipment training,		PT Goals PATIENT-STATED GOAL: The patient wants to get stronger and walk with no pain GOALS Chair to Bed to Chair - 06. Independent Toilet Transfer - 06. Independent 1 - Step (curb) - 05. Setup or clean-up assistance Shower/Bathe Self - 05. Setup or clean-up assistance Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance patient/caregiver recalls		
Signature of Physician:		Date PAGE 2 of 3		
Optional Name/Signature of Nurse/Therapist: Electronically Signed by Messick, Charles RN		Date 10/10/2025		

Home Health Certification and Plan of Care				Order ID: 1150/13247
1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
181124597	10/10/2025	From: 10/10/2025 To: 12/08/2025	17707	217058
6. Patient's Name and Address Kimberly Carroll 701 Grantwood Rd, Baltimore, MD 21220- 443-562-7122		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		
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, 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		* 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 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 Toileting Hygiene - 06. Independent Don/Doff Footwear - 06. Independent Sit to Stand - 06. Independent Oral Hygiene - 06. Independent Lower Body Dressing - 06. Independent Eating - 06. Independent Car Transfer - 06. Independent 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		

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