Home Health Certification and Plan of Care

Order ID: 1150/13956

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
57304170	11/12/2025	From: 11/12/2025 To: 01/10/2026	18674	217058

6. Patient's Name and Address

Susan Burns
4 East Mayer Dr,
FINKSBURG, MD 21048-
410-591-9727

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 03/22/1956 | 9.Sex Female

11. ICD	Principal Diagnosis	Date
Z47.1	Aftercare following joint replacement surgery	11/12/25

13. ICD	Other Pertinent Diagnoses	Date
G31.84	Mild cognitive impairment of uncertain or unknown etiology	11/12/25
I70.0	Atherosclerosis of aorta	11/12/25
J44.9	Chronic obstructive pulmonary disease unspecified	11/12/25
M47.812	Spondylosis w/o myelopathy or radiculopathy cervical region	11/12/25
M47.816	Spondylosis w/o myelopathy or radiculopathy lumbar region	11/12/25
D50.9	Iron deficiency anemia unspecified	11/12/25
M79.7	Fibromyalgia	11/12/25
E03.9	Hypothyroidism unspecified	11/12/25
F32.A	Depression unspecified	11/12/25
F41.9	Anxiety disorder unspecified	11/12/25
K21.9	Gastro-esophageal reflux disease without esophagitis	11/12/25
G89.4	Chronic pain syndrome	11/12/25
E66.01	Morbid (severe) obesity due to excess calories	11/12/25
Z68.38	Body mass index [BMI] 38.0-38.9 adult	11/12/25
Z79.82	Long term (current) use of aspirin	11/12/25
Z79.51	Long term (current) use of inhaled steroids	11/12/25
Z96.653	Presence of artificial knee joint bilateral	11/12/25
Z90.49	Acquired absence of other specified parts of digestive tract	11/12/25
Z86.0100	Personal history of colonic polyps	11/12/25
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	11/12/25
Z87.891	Personal history of nicotine dependence	11/12/25

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

Levothroid - Levothyroxine Sodium 100 mcg, take 1 tablet by mouth in the morning Take 1 tablet by mouth every morning 30 minutes before a meal
Dulcolax - Bisacodyl 5 mg, take 2 tablet by mouth as necessary Take 2 tablets by mouth one time with at least 8 ounces of water at 12 noon the day before procedure
Simethicone - Simethicone 80 mg, take 2 tablet by mouth as necessary Chew and swallow 2 tablets by mouth for 3 doses, at 9 PM and 10 PM the night before procedure, and the morning of the procedure, before drinking the final one third of the Gavilyte
Ferosul - Ferrous Sulfate: Folic Acid 325 mg (65 mg iron), take 1 tablet by mouth once a day Take 1 tablet by mouth daily
Astelin - Azelastine Hydrochloride 137 mcg (0.1 %) use 1 Spray nasal twice a day Use 1 spray in each nostril 2 times a day
Ditropan Xl - Oxybutynin Chloride 10 mg Oral TR24 SR TAB, take 1care tablet by mouth once a day Take 1 tablet by mouth daily
Protonix - Pantoprazole Sodium 20 mg , take 1 tablet by mouth twice a day Take 1 tablet by mouth 2 times a day 30 to 60 minutes before breakfast and dinner
Prinivil - Lisinopril 10 mg , take 1 tablet by mouth once a day Take 1 tablet by mouth daily
Neurontin - Gabapentin 600 mg, take 1 tablet by mouth three times a day Take 1 tablet by mouth 3 times a day Dose reduction for safety 6/5/2025
Aspirin - Aspirin 81 mg, take 1 tablet by mouth once a day take 1 tablet by mouth daily
Camphor-Menthol 0.5-0.5 % Top Lotn, apply to affected area topical twice a day Apply to affected area(s) 2 times a day
Albuterol - Albuterol 90 mcg/actuation Inhl , 2 puffs inhalant every 4 hours Inhale 2 puffs by mouth every 4 hours as needed for cough , shortness of breath or wheezing (Rescue inhaler)
Singulair - Montelukast Sodium 10 mg, take 1 tablet by mouth in the morning Take 1 tablet by mouth every evening for allergies
Alvesco - Ciclesonide 160 mcg/actuation, Inhale 1 puff inhalant twice a day Inhale 1 Puff by mouth 2 times a day (controller inhaler)
Cymbalta - Duloxetine Hydrochloride 30 mg, take 2 capsule transdermal once a day Take 2 capsules by mouth daily
Lipitor - Atorvastatin Calcium 80 mg, take 1 tablet by mouth once a day Take 1 tablet by

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 11/12/2025

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 : 09/09/2025

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.

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mouth daily for
cholesterol and heart
protection
Lasix - Furosemide 40 mg, take 1 tablet by mouth in the morning Take 1 tablet by
mouth every morning
Fluticasone - Fluticasone Furoate 50 mcg, use1 spray nasal once a day Use 1 Spray in each
nostril daily
Acetaminophen - Acetaminophen 650 mg, take 1 tablet by mouth twice a day Take 1 tablet by
mouth 2 times a day
as needed for mild
pain
Zyrtec - Cetirizine Hydrochloride 10 mg, take 1 tablet by mouth once a day Take 1 tablet by
mouth daily
Ascorbic Acid - Ascorbic Acid: Biotin: Cyanocobalamin: Dexpanthenol: Ergocalciferol: Folic Acid: Niacinamide: Pyridoxine Hydrochloride: Riboflav 500 mg, take 1 tablet by mouth once a day Take 500 mg by
mouth daily
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 25 mcg (1,000 unit) by mouth once a day Take 2,000 Units by
mouth daily
Multivitamin - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox Take 1 tablet by mouth once a day Take 1 tablet by
mouth daily
Oxycodone Hydrochloride - Oxycodone Hydrochloride 5 mg 1 tablet by mouth every 6 hours for pain

14. DME and Supplies:	15. Safety Measures:
None of the above	infectious material management, , , , bathroom safety, knee precautions, ambulates with device, walker precautions
16. Nutrition:	**17. Allergies:**
Z. NO PHYSICIAN-ORDERED DIET	honey bee venom sulfa antibiotics
18.A. Functional Limitations	**18.B. Activities Permitted**
Endurance, Ambulation	Up As Tolerated, Walker, Transfer bed/Chair

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:	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 Right 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 was evaluated in the home today for an initial physical therapy <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> following a right total knee arthroplasty performed on 11/10/2025 at St. Joseph Medical Center. Her past medical history is significant for COPD, hypertension, hypothyroidism, fibromyalgia, chronic pain syndrome, obesity (BMI 38.9), depression, anxiety, mild cognitive impairment, osteoarthritis, and a prior left partial knee replacement. Upon <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, the patient presented with expected postoperative pain and edema, along with decreased right knee range of motion and strength. She demonstrated impaired balance and limited endurance, all of which significantly affect her functional mobility and increase fall risk. The patient ambulated only short distances with a front-wheeled walker requiring moderate assistance, displaying an antalgic gait pattern and reduced tolerance to weight-bearing on the operative extremity. Transfers were completed with moderate assistance for safety, while bed mobility required maximum assistance due to pain, weakness, and limited flexibility. Functional mobility was noted to be well below her prior level of function. Skilled home physical therapy is medically necessary to address ongoing deficits in strength, range of motion, balance, gait mechanics, and overall functional independence, with the goal of ensuring a safe and progressive recovery and eventual transition to outpatient rehabilitation. During today's visit, education was provided regarding safe transfer and gait techniques, proper use of the front-wheeled walker, pacing strategies, and positioning for edema management. Gentle therapeutic exercises were initiated to promote circulation, quadriceps activation, and gradual knee flexion within the patient's tolerance. The patient verbalized understanding of the instructions; however, reinforcement will be required due to her mild cognitive impairment. Continued skilled physical therapy is recommended to monitor progress, advance the exercise program, and promote safe mobility within the home environment.
 Date of Order 11/12/2025 Orders Physician Face-to-Face Date: 09/09/2025 Clinical Condition Requiring Home Care per Certifying Physician: SN-pain control PT-eval & treat due to Right 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 - PT Notes: soc PT
 Physician Narcisse, Patrick

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	**Date**
Electronically Signed by Messick, Charles RN	11/12/2025

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SN Careplans

SN Goals

PT Careplans

PT WK1: 2 (11/12/25-11/15/25) ,WK2: 3 (11/16/25-11/22/25) ,WK3: 1 (11/23/25-11/29/25)

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: 7. Currently taking 5 or more medications

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:Living Will

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0130F1 - Upper Body Dressing, 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, GG0170E1 - Chair to Bed to Chair, GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130B1 - Oral Hygiene, GG0130A1 - Eating, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object, D0160 - Depression, M2020 - Oral Med Management, M1400 - Dyspnea, limited strength, limited range of motion, muscle weakness, Pain Interference with Therapy activities, Pain Interference with ADLs, Pain Effect on Sleep, #1 - Non-Observable Surgical Wound - Anterior Right Knee -

PT Goals

PATIENT-STATED GOAL: TO have a successful post Surgical Outcome

GOALS
Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

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
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure
* preventive care
* recalls related medication(s) purpose, schedule

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

Oral Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Shower/Bathe Self - 06. Independent

Toileting Hygiene - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 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

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

11/12/2025

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PROCEDURES: HEP, Medication Review- : Medications reviewed with patient/caregiver. , B LE strengthening, Standing balance Training, 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., work simplification/energy conservation, gait training on uneven surfaces, 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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, 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, Oral Hygiene - 06. Independent, Lower Body Dressing - 06. Independent, Shower/Bathe Self - 06. Independent, 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 - 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, Ambulation, Transfers

1 _ Step (curb) - 06. Independent

4 Steps - 06. Independent

12 Steps - 06. Independent

Picking Up Object - 06. Independent

Transfers

Ambulation

Signature of Physician:	Date
	PAGE 4 of 4
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