

Home Health Certification and Plan of Care										Order ID: 1150/13981										
1. Patient s HI claim No.			2. Start Of Care Date			3. Certification Period			4. Medical Record No.			5. Provider No.								
68249357			11/13/2025			From: 11/13/2025 To: 01/11/2026			18764			217058								
6. Patient's Name and Address Edward Deckert 628 Heathland Trl, ABERDEEN, MD 21001- 443-829-8985							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 03/23/1951							9.Sex Male							10. Medications: Dose/Frequency/Route (N)ew (C)hanged Amoxicillin - Amoxicillin 500 mg, Take 4 capsules by mouth as necessary Take 4 capsules by mouth one time . Take as 1 dose 60 minutes prior to dental procedure Lipitor - Atorvastatin Calcium 40 mg, Take 1 tablet by mouth as necessary Take 1 tablet by mouth daily for cholesterol to prevent heart attack and stroke Revatio - Sildenafil Citrate 20 mg, Take 1 tablet by mouth as necessary Take 1 tablet by mouth as needed (erectile dysfunction) 1 hour prior to sexual activity. Do not exceed one tablet in 24 hours Tylenol - Acetaminophen 500 mg, Take 2 tablet by mouth every 8 hours Take 2 tablets by mouth every 8 hours as needed for pain Oxycodone - Ibuprofen: Oxycodone Hydrochloride 5mg, 1 tablet by mouth every 4 hours As needed for pain Colace - Docusate Sodium 100Mg, 1 Capsule by mouth twice a day stool softner Asa 81 Mg - Aspirin 81 mg, 1 tablet by mouth twice a day to prevent blood clot						
11. ICD		Principal Diagnosis					Date													
Z47.1		Aftercare following joint replacement surgery					11/13/25													
13. ICD		Other Pertinent Diagnoses					Date													
Z96.651		Presence of right artificial knee joint					11/13/25													
N40.0		Benign prostatic hyperplasia without lower urinry tract symp					11/13/25													
L57.0		Actinic keratosis					11/13/25													
E78.5		Hyperlipidemia unspecified					11/13/25													
R73.03		Prediabetes					11/13/25													
E66.3		Overweight					11/13/25													
Z68.29		Body mass index [BMI] 29.0-29.9 adult					11/13/25													
Z79.51		Long term (current) use of inhaled steroids					11/13/25													
Z96.612		Presence of left artificial shoulder joint					11/13/25													
Z86.0100		Personal history of colonic polyps					11/13/25													
Z85.828		Personal history of other malignant neoplasm of skin					11/13/25													
Z87.891		Personal history of nicotine dependence					11/13/25													
14. DME and Supplies: bath bench, walker							15. Safety Measures: walker precautions, standard precautions, fall precautions, ambulates with device, anticoagulant precautions, bathroom safety, activity supervision													
16. Nutrition: regular							17. Allergies: erythromycin													
18.A. Functional Limitations Ambulation							18.B. Activities Permitted 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: 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 patient 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 74-year-old male with a past medical history of prediabetes, benign prostatic hyperplasia, and colon polyps. He is status post right total knee replacement, with the surgical site covered by an Aquacel dressing to remain in place for seven days per the surgeon's orders. He is alert and oriented 4, with vital signs within normal limits and clear lungs to auscultation. He denies shortness of breath or headache, but reports a pain level of 4 and one episode of vomiting. Medication reconciliation was completed, and education was provided regarding hand hygiene, medication adherence, icing, home exercises, constipation prevention, and signs and symptoms of blood clots. He ambulates with a rolling walker, and his spouse is actively involved in his care. During the visit, the patient presented with expected postoperative edema and pain. He completed therapeutic exercises in the supine, seated, and standing positions, including ankle pumps, heel slides, assisted straight leg raises, long-arc quadriceps exercises, marching, and heel raises (10 repetitions 2 sets). He was trained in proper use of the rolling walker and instructed on the application of ice to manage edema and pain. Overall, the patient demonstrated good participation and tolerated the session well.</o:p></o:p></p> <p class="MsoNoSpacing"><o:p> </o:p><p> <p class="MsoNoSpacing">Date of Order<o:p></o:p></p> <p class="MsoNoSpacing">11/13/2025 Order<o:p></o:p></p> <p class="MsoNoSpacing">Physician Face-to-Face Date: 10/24/2025 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<o:p></o:p><p> <p																		
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by Messick, Charles RN on 11/13/2025										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 : 10/24/2025													
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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class="MsoNoSpacing"> 1 - SOC - SN Notes: PT Eval Notes:<o:p></o:p></p> <p class="MsoNoSpacing">Physician: Narcisse, Patrick</p>				
SN Careplans SN WK1: 1 (11/13/25-11/15/25) ,WK2: 1 (11/16/25-11/22/25) 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, 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, nausea/vomiting, limited strength, Pain Effect on Sleep, Pain Interference with ADLs, balance deficit, swell/redness surround. skin, #1 - Non-Observable Surgical Wound - Anterior Right Knee - PROCEDURES: cough/deep breathing exercises, incentive spirometer, physician-ordered wound care: Right knee surgical site: Remove Aquacel dressing and LOTA. Otherwise, cover with a dry gauze if drainage occurs. 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		SN Goals PATIENT-STATED GOAL: to walk without assistive devices 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: 6 (11/12/25-11/15/25) PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 Dyspnea, Pain Effect on Sleep, 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,		PT Goals PATIENT-STATED GOAL: To walk pain free GOALS Shower/Bathe Self - 05. Setup or clean-up assistance Chair to Bed to Chair - 06. Independent Toilet Transfer - 06. Independent		
Signature of Physician:		Date PAGE 2 of 3		
Optional Name/Signature of Nurse/Therapist: Electronically Signed by Messick, Charles RN		Date 11/13/2025		

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GG0130F1 - Upper Body Dressing PROCEDURES: Medication Review : The medication was reviewed with the patient , TKR exercises : Ankle pumps, heel slides, slr, long arc , marching, side kicks and heel raises --all 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, 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		Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance 1 - Step (curb) - 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 Lower Body Dressing - 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 - 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 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
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Optional Name/Signature of Nurse/Therapist:	Date
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