

Home Health Certification and Plan of Care				Order ID: 1150/14013	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
381153186		11/13/2025		From: 11/13/2025 To: 01/11/2026	
4. Medical Record No.		5. Provider No.		18760	
217058					
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Sanford Schmidt			HomeCentris Healthcare LLC		
5 Longcreek Ct,			10 Crossroads Drive, Suite 102		
Kingsville, MD 21087-			Owings Mills, MD 21117-8284		
410241-7179			410-321-8448		
			1487113239		
8. DOB			9. Sex		
09/27/1947			Male		
11. ICD		Principal Diagnosis		Date	
Z47.1		Aftercare following joint replacement surgery		11/13/25	
13. ICD		Other Pertinent Diagnoses		Date	
I10.		Essential (primary) hypertension		11/13/25	
I70.0		Atherosclerosis of aorta		11/13/25	
H26.9		Unspecified cataract		11/13/25	
E78.5		Hyperlipidemia unspecified		11/13/25	
R73.03		Prediabetes		11/13/25	
E66.9		Obesity unspecified		11/13/25	
Z68.36		Body mass index [BMI] 36.0-36.9 adult		11/13/25	
Z96.1		Presence of intraocular lens		11/13/25	
Z96.653		Presence of artificial knee joint bilateral		11/13/25	
Z96.643		Presence of artificial hip joint bilateral		11/13/25	
Z86.0100		Personal history of colonic polyps		11/13/25	
10. Medications: Dose/Frequency/Route (N)ew (C)hanged			Lipitor - Atorvastatin Calcium 20 mg , Take 1 tablet by mouth once a day		
			Take 1		
			tablet by		
			mouth		
			daily for		
			cholesterol		
			Norvasc - Amlodipine Besylate 5 mg , Take 1 tablet by mouth once a day		
			HTN		
			Tylenol - Acetaminophen 500 mg , Take 2 tablets by mouth every 8 hours As		
			needed for pain		
			Ecotrin - Aspirin 81 mg , Take 1 tablet by mouth twice a day Take 1		
			tablet by		
			mouth 2		
			times a		
			day for 30		
			days		
			Flomax - Tamsulosin Hydrochloride 0.4 mg , Take 2 capsules by mouth at		
			bedtime Take 2		
			capsules		
			by mouth		
			daily.		
			Consider		
			taking		
			before bed,		
			as it can		
			cause		
			some		
			dizziness.		
			Prinzide - Hydrochlorothiazide: Lisinopril 25 mg;20 mg 20-12.5 mg , Take 2		
			tablets by mouth once a day HTN And fluid pill		
			Proscar - Finasteride 5 mg , Take 1 tablet by mouth once a day BPH		
			Oxycodone - Ibuprofen: Oxycodone Hydrochloride 5mg, take 1 tablet by		
			mouth every 4 hours As needed for pain		
			Ibuprofen - Ibuprofen 600 mg Take 1 tablet by mouth every 8 hours As		
			Needed for pain		
			Docusate Sodium - Docusate Sodium 100 mg, Take 1 capsule by mouth		
			twice a day Constipation		
14. DME and Supplies:			15. Safety Measures:		
bath bench, walker			ambulates with device, walker precautions, , no lifting, hip precautions,		
			bathroom safety, , activity supervision		
16. Nutrition:			17. Allergies:		
low sodium			no known allergies		
18.A. Functional Limitations			18.B. Activities Permitted		
Ambulation			Up As Tolerated		
19. Mental & COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 0. Never, SOCIAL ISOLATION: 0.					
Pyschosocial Status: Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No					
20. Prognosis: fair					
22. A Rehabilitation Potential:			22.B.Discharge Plans		
SELF-CARE: 3. Independent - Patient completed all the activities by			patient will be responsible for managing treatment		
him/herself, with or without an assistive device, with no assistance from a			another facility/provider will be responsible for managing treatment		
helper., MOBILITY: 3. Independent - Patient completed all the activities by					
him/herself, with or without an assistive device, with no assistance from a					
helper.					
Homebound status: After undergoing Right Total Hip Replacement, 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 78-year-old male with a past medical history significant for osteoarthritis of the bilateral hips and knees, hypertension, prediabetes, cataracts, and other age-related comorbidities. He is status post right total hip replacement and currently has an indwelling Foley catheter in place due to postoperative urinary retention. The patient reports that following previous surgeries he typically returns home with a Foley catheter, which is removed after his postoperative follow-up visit and voiding trial. Per the surgeon's instructions, his surgical-site dressing is to remain intact and will be removed seven days after the procedure. On <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>, the patient is alert and oriented 4, with vital signs within normal limits. His Foley catheter is draining amber-colored urine, and his lungs are clear to auscultation. He denies nausea, vomiting, shortness of breath, or headache and reports a pain level of 3/10. Medication reconciliation was completed. Comprehensive education was provided on proper hand hygiene, medication adherence, use of ice for swelling and pain, a home exercise program, constipation prevention strategies, and signs and symptoms of deep vein thrombosis. The patient ambulates with a walker, and his spouse is actively involved in his care and support. During the physical therapy session, the patient demonstrated moderate postoperative pain and edema. He performed supine therapeutic exercises including ankle pumps, heel slides, assisted hip					
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by Messick, Charles RN on 11/13/2025					
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,		
Patrick Narcisse			physical therapy and/or speech therapy or continues to need occupational therapy. The patient is under		
2391 Greenspring Dr			my care, and I have authorized the services on this plan of care and will periodically review the plan.		
Timonium , MD 21093			F2F date : 10/31/2025		
PHONE: 410-847-3000 FAX: NPI: 1508397092					
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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abduction and adduction, and assisted straight-leg raises. In sitting, he completed long-arc quadriceps exercises, and in standing, he performed marching and heel raises, completing all exercises for 10 repetitions across two sets. Gait training focused on establishing a proper heel-to-toe gait pattern to promote safe mobility and improve weight-bearing mechanics. Additional education was provided regarding pain management techniques and consistent use of ice to reduce edema and discomfort. Skilled home health physical therapy remains medically necessary to support postoperative recovery, improve mobility, decrease pain and swelling, and reinforce safety, activity progression, and adherence to postoperative precautions.</div><div>
</div><div></div><div>Date of Order</div><div>11/13/2025</div><div>Orders</div><div>Physician Face-to-Face Date: 10/31/2025</div><div>Clinical Condition Requiring Home Care per Certifying Physician: SN-pain control PT-eval & treat due to Right Total Hip Replacement</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><div>1 - SOC - SN Notes: soc</div><div>PT Eval Notes: eval</div><div>
</div><div>Physician</div><div>Narcisse, Patrick</div>

SN Careplans	SN Goals
SN WK1: 1 (11/13/25-11/15/25) ,WK2: 1 (11/16/25-11/22/25)	PATIENT-STATED GOAL: to walk without assistive devices
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: 1. Non-agency caregiver(s) currently provide assistance	patient/caregiver recalls
HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications, 8. Currently reports exhaustion, 9. Other risk(s) not listed in 1- 8	* 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. 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.	* position changes
; 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	* skin care
PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, M1033 - Exhaustion, M1400 - Dyspnea, abnormal blood pressure, urine retention, limited strength, Pain Effect on Sleep, Pain Interference with ADLs, balance deficit, red/tender pressure points, swell/redness surround. skin, #1 - Non-Observable Surgical Wound - Anterior Right Hip -	* diet modification
PROCEDURES: cough/deep breathing exercises, incentive spirometer, physician-ordered wound care: Right hip surgical site: remove Adquacel dressing on the 7th day post op, and LOTA. Otherwise, cover with a gauze dressing if drainage occurs.	* record wound measurements
TEACH PATIENT/CAREGIVER: * how to take the patient's blood pressure record the reading, related medication(s) purpose, schedule, * 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	* recalls related medication(s) purpose, schedule
	patient/caregiver recalls
	* how to take the patient's blood pressure
	* record the reading
	* 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 self-administers medications as prescribed
	* recalls related medication(s) purpose, schedule

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	11/13/2025

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PT Careplans PT WK1: 1 (11/13/25-11/15/25) ,WK2: 3 (11/16/25-11/22/25) ,WK3: 2 (11/23/25-11/29/25) 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 patient , THR exercises: Heel slides, slr, Long arc, marchjng and heel raise 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	PT Goals PATIENT-STATED GOAL: The patient wants to walk straight GOALS Shower/Bathe Self - 05. Setup or clean-up assistance Chair to Bed to Chair - 06. Independent Toilet Transfer - 06. Independent Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance 1 - Step (curb) - 05. Setup or clean-up assistance Oral Hygiene - 06. Independent Lower Body Dressing - 06. Independent Toileting Hygiene - 06. Independent Don/Doff Footwear - 06. Independent Eating - 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 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 Sit to Stand - 06. Independent Picking Up Object - 05. Setup or clean-up assistance
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Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
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