Home Health Certification and Plan of Care

Order ID: 1150/14159

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
48273862	11/20/2025	From: 11/18/2025 To: 01/16/2026	19008	217058

6. Patient's Name and Address
Nenita Fulton
1426 Greenbriar Circle,
PIKESVILLE, MD 21208-
443-743-6587

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 02/13/1961 | 9.Sex Female

11. ICD	Principal Diagnosis	Date
Z47.1	Aftercare following joint replacement surgery	11/20/25

13. ICD	Other Pertinent Diagnoses	Date
E11.9	Type 2 diabetes mellitus without complications	11/20/25
I10.	Essential (primary) hypertension	11/20/25
M81.0	Age-related osteoporosis w/o current pathological fracture	11/20/25
H43.393	Other vitreous opacities bilateral	11/20/25
M19.041	Primary osteoarthritis right hand	11/20/25
M19.042	Primary osteoarthritis left hand	11/20/25
M19.071	Primary osteoarthritis right ankle and foot	11/20/25
M19.072	Primary osteoarthritis left ankle and foot	11/20/25
J30.9	Allergic rhinitis unspecified	11/20/25
M10.9	Gout unspecified	11/20/25
B18.2	Chronic viral hepatitis C	11/20/25
M06.9	Rheumatoid arthritis unspecified	11/20/25
M54.50	Low back pain unspecified	11/20/25
G89.29	Other chronic pain	11/20/25
M79.7	Fibromyalgia	11/20/25
E78.5	Hyperlipidemia unspecified	11/20/25
F41.9	Anxiety disorder unspecified	11/20/25
M54.2	Cervicalgia (M54.2)	11/20/25
F17.210	Nicotine dependence cigarettes uncomplicated	11/20/25
Z79.82	Long term (current) use of aspirin	11/20/25
Z79.84	Long term (current) use of oral hypoglycemic drugs	11/20/25
Z96.653	Presence of artificial knee joint bilateral	11/20/25
Z86.0100	Personal history of colonic polyps	11/20/25
Z91.81	History of falling	11/20/25

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

Fosamax - Alendronate Sodium eq 70 mg base 70 mg Oral Tab,Take 1 tablet by mouth once a week by mouth every week . Take in the morning with 8 ounces of water at least 30 minutes before the first food, drink or other medication of the day. Do not lie down for at least 30 minutes after swallowing this medication
BONE HEALTH
Biotin - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1 TAB by mouth once a day SUPPLEMENT
Colcrys - Colchicine 0.6 mg Oral Tab,Take 1 tablet by mouth once a day GOUT
Uloric - Febuxostat 40 mg 40 mg Oral Tab,Take 1.5 tablets by mouth once a day HYPERURICEMIA/GOUT
Lamictal - Lamotrigine 100 mg 100 mg Oral Tab,Take 1 tablet by mouth once a day (Patient not taking: Reported on 10/28/2025)

MOOD
Prinivil - Lisinopril 10 mg 10 mg Oral Tab,Take 1 tablet by mouth once a day BLOOD PRESSURE
Glucophage Xr - Metformin Hydrochloride 500 mg Oral 24hr SR Tab,Take 2 tablets by mouth once a day with a meal for Diabetes
Methadone (DOLOPHINE) 10 mg Oral Tab,Take 45 mg by mouth once a day
Milk Thistle - Milk Thistle 1 TAB by mouth once a day SUPPLEMENT
turmeric 1 TAB by mouth once a day SUPPLEMENT
Vitamin C - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 1 TAB by mouth once a day SUPPLEMENT
Vitamin D - Ergocalciferol 1 TAB by mouth once a day SUPPLEMENT
Tylenol - Acetaminophen 500 mg Oral Tab,Take 2 tablets by mouth every 6 hours as needed for pain
Cetirizine Hydrochloride - Cetirizine Hydrochloride 10 mg 10 mg; 1 tab by mouth once a day allergies
Clonidine - Clonidine 0.1ng; 1 tab by mouth in the evening blood pressure
Prevacid - Lansoprazole 30 mg 30mg; 1 cap by mouth once a day stomach
Asa 81 Mg - Aspirin 81mg; 1 tab by mouth twice a day post right tkr
Aspirin - Aspirin 81 mg Oral TBEC DR Tab,Take 1 tablet by mouth twice a day for 28 days
Motrin - Ibuprofen 600 mg Oral Tab,Take 1 tablet by mouth every 6 hours s as needed . Take with food
Colace - Docusate Sodium 100 mg Oral Cap,Take 1 capsule by mouth twice

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 11/20/2025

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 : 10/28/2025

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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a day bowel regimen
Catapres - Clonidine Hydrochloride 0.1 mg Oral Tab,Take 1 tablet by mouth at bedtime
Oxycodone Hydrochloride - Oxycodone Hydrochloride 5 mg 5mg; 1-2 tabs by mouth as necessary for pain

14. DME and Supplies:	15. Safety Measures:
cane, bath bench, walker, ICE MAN	knee precautions, , diabetic precautions, , ambulates with device, walker precautions, , ambulates with assistance, transfer with assist, supervision at all times,
16. Nutrition:	**17. Allergies:**
diabetic, low sodium,	no known allergies
18.A. Functional Limitations	**18.B. Activities Permitted**
Ambulation, Endurance	Exercises Prescribed, Cane, Walker

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: good

22. A Rehabilitation Potential:	22.B.Discharge Plans
SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.	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 is a 64-year-old female status post right total knee arthroplasty on 11/18/2025 with a past medical history significant for osteoporosis, prior left knee arthroplasty, prior falls, presbyopia, chronic low-back pain, fibromyalgia, gout, history of alcohol use, and hypertension; she lives with family and her son assists with activities of daily living. She is alert and oriented 3 and reports postoperative right knee pain rated 5/10, for which she is taking prescribed analgesics; skilled nursing completed medication reconciliation and reinforced effective pain control and use of ice. Respiratory exam was without complaint and lungs were clear; appetite is reported as good. Functional mobility assessment by physical therapy demonstrated decreased right lower-extremity strength and limited knee range of motion (approximately 85 flexion, <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-5 CE-FMS-%E2%88%92"></mh>10 extension), requiring contact-guard assistance for transfers and short-distance ambulation with a rolling walker; the patient is presently unable to negotiate stairs due to pain. PT instructed the patient in a home exercise program including seated knee extension/flexion exercises, gait safety with the walker, and use of ice and analgesia for pain control; the patient was provided education and demonstrated understanding. Vital signs were not documented in the provided notes. The plan is to continue skilled nursing per physician orders for postoperative monitoring and medication management, and to provide skilled physical therapy to progress range of motion, strengthen the right lower extremity, address balance and transfer safety, and advance functional mobility toward the patient's prior level of function.
 Date of Order 11/20/2025 Orders Physician Face-to-Face Date: 10/28/2025 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 - SN Notes: soc PT Eval Notes: eval Physician Narcisse, Patrick

SN Careplans	SN Goals
SN WK1: 1 (11/18/25-11/22/25) ,WK2: 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: 10. None of the above 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; 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 ; 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	PATIENT-STATED GOAL: I WANT TO WALK BETTER SO I CAN GET BACK TO LIVING 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 * diet * weight-bearing exercises to promote bone healing and strengthening * fluids to prevent constipation * home safety * pain control * recalls related medication(s) purpose, schedule patient/caregiver recalls * how to manage inflammatory process * optimize mobility with active and passive range of motion exercises * fluid and diet intake to promote healing * prevent constipation

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	11/20/2025

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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.

RIGHT KNEE
Advance Directive:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, meal preparation, M1400 - Dyspnea, dependent edema, limited range of motion, swelling of affected area, limited strength, limited endurance, Pain Effect on Sleep, Pain Interference with ADLs, balance deficit, #1 - Non-Observable Surgical Wound - Anterior Right Knee -

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , cough/deep breathing exercises, incentive spirometer, physician-ordered wound care: SN/PT TO REMOVE RIGHT KNEE DRESSING POST OP DAY 7

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, * diet weight-bearing exercises to promote bone healing and strengthening fluids to prevent constipation home safety pain control, related medication(s) purpose, schedule, * how to manage gout flare-ups including non-medical pain relief dietary modifications, related medication(s) purpose, schedule, * how to manage inflammatory process optimize mobility with active and passive range of motion exercises fluid and diet intake to promote healing prevent constipation home safety, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, meal preparation is available to patient for all meals

* home safety
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to manage gout flare-ups including non-medical pain relief
* dietary modifications
* 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
* 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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

meal preparation is available to patient for all meals

PT Careplans

PT WK1: 2 (11/18/25-11/22/25) ,WK2: 3 (11/23/25-11/29/25) ,WK3: 1 (11/30/25-12/06/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 Dyspnea, Pain Interference with ADLs, Pain Interference with Therapy activities, 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- : medications reviewed with patient/caregiver, cough/deep breathing exercises, equipment training, gait training on uneven surfaces, gait training/stair training, transfers training, therapeutic exercises

TEACH PATIENT/CAREGIVER: * 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 - 05. Setup or clean-up assistance, Upper Body Dressing - 05. Setup or clean-up assistance, Lower Body Dressing - 05. Setup or clean-up assistance, Shower/Bathe Self - 03. Partial/moderate assistance, Toileting Hygiene - 05. Setup or clean-up assistance, Don/Doff Footwear - 05. Setup or clean-up assistance, Eating - 06. Independent, Sit to Stand - 04. Supervision or touching assistance, Chair to Bed to Chair - 04. Supervision or touching assistance, Toilet Transfer - 05. Setup or clean-up assistance, Car Transfer - 04. Supervision or touching assistance, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 150 Feet - 04. Supervision or touching assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching, 1 - Step (curb) - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Medication Review- * related purpose and schedule of medications

PT Goals

PATIENT-STATED GOAL: To be able to walk without pain

GOALS
Lower Body Dressing - 05. Setup or clean-up assistance

Shower/Bathe Self - 03. Partial/moderate assistance

Don/Doff Footwear - 05. Setup or clean-up assistance

Eating - 06. Independent

Car Transfer - 04. Supervision or touching assistance

Walk 10 ft on Uneven Surface - 04. Supervision or touching

1 - Step (curb) - 04. Supervision or touching assistance

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 - 05. Setup or clean-up assistance

Toileting Hygiene - 05. Setup or clean-up assistance

Sit to Stand - 04. Supervision or touching assistance

Chair to Bed to Chair - 04. Supervision or touching assistance

Toilet Transfer - 05. Setup or clean-up assistance

Signature of Physician:	Date
	PAGE 3 of 4
Optional Name/Signature of Nurse/Therapist:	Date
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Walk 10 Feet - 04. Supervision or touching assistance

Walk 50 ft with 2 Turns - 04. Supervision or touching assistance

Walk 150 Feet - 04. Supervision or touching assistance

4 Steps - 04. Supervision or touching assistance

12 Steps - 04. Supervision or touching assistance

Picking Up Object - 04. Supervision or touching assistance

Medication Review- patient/caregiver recalls related purpose and schedule of medications

Upper Body Dressing - 05. Setup or clean-up assistance

Signature of Physician:	Date
	PAGE 4 of 4
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