Home Health Certification and Plan of Care

Order ID: 1150/14681

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
38250284	12/05/2025	From: 12/05/2025 To: 02/02/2026	20002	217058

6. Patient's Name and Address

Daniel Amos
208 D St SW,
Glen Burnie, MD 21061-
443-858-8817

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 08/07/1953 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
Z47.1	Aftercare following joint replacement surgery	12/05/25

13. ICD	Other Pertinent Diagnoses	Date
Z96.652	Presence of left artificial knee joint	12/05/25
I10.	Essential (primary) hypertension	12/05/25
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	12/05/25
J45.909	Unspecified asthma uncomplicated	12/05/25
E03.9	Hypothyroidism unspecified	12/05/25
N40.0	Benign prostatic hyperplasia without lower urinry tract symp	12/05/25
H54.62	Unqualified visual loss left eye normal vision right eye	12/05/25
N52.8	Other male erectile dysfunction	12/05/25
G62.9	Polyneuropathy unspecified	12/05/25
G56.03	Carpal tunnel syndrome bilateral upper limbs	12/05/25
E53.8	Deficiency of other specified B group vitamins	12/05/25
I25.2	Old myocardial infarction	12/05/25
E78.5	Hyperlipidemia unspecified	12/05/25
M81.0	Age-related osteoporosis w/o current pathological fracture	12/05/25
G47.30	Sleep apnea unspecified	12/05/25
K80.20	Calculus of gallbladder w/o cholecystitis w/o obstruction	12/05/25
N20.0	Calculus of kidney	12/05/25
K21.9	Gastro-esophageal reflux disease without esophagitis	12/05/25
E66.9	Obesity unspecified	12/05/25
Z68.29	Body mass index [BMI] 29.0-29.9 adult	12/05/25
R73.03	Prediabetes	12/05/25
Z79.51	Long term (current) use of inhaled steroids	12/05/25
Z79.82	Long term (current) use of aspirin	12/05/25
Z79.84	Long term (current) use of oral hypoglycemic drugs	12/05/25

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

Tylenol - Acetaminophen 500 mg Oral Tab, take 1 tablet by mouth every 6 hours s as needed for pain
Oxycodone - Ibuprofen: Oxycodone Hydrochloride 5mg; 1-2 tabs by mouth every 4 hours for pain
Motrin - Ibuprofen 600 mg 600 mg Oral Tab, take 1 tablet by mouth every 6 hours as needed for pain.Take with food
Aspirin - Aspirin 81 mg Oral TBEC DR Tab, Take 1 tablet by mouth twice a day s/p left knee replacement
Cozaar - Losartan Potassium 25 mg 25 mg Oral Tab, Take 1 tablet by mouth once a day blood pressure
Neurontin - Gabapentin 100 mg 100 mg Oral Cap, Take 1 capsule by mouth at bedtime Take 1 capsule by mouth daily at bedtime *increase if tolerating at next refill* (Patient not taking: Reported on 11/25/2025 peripheral neuropathy
Mobic - Meloxicam 15 mg 15 mg Oral Tab, Take 1 tablet by mouth once a day pain
Vitamins A-C-E-Zinc-Copper (PRESERVISION AREDS) 2,148 mcg-113 mg-45 mg17.4m by mouth once a day eye health
Roxicodone - Oxycodone Hydrochloride 5 mg 5 mg Oral Tab, take 1-2 tablet by mouth every 4 hours as needed for pain
Colace - Docusate Sodium 100 mg Oral Cap,Take 1 capsule by mouth twice a day stool regimen
Omega-3 Fatty Acids-Fish Oil 340-1,000 mg Oral Cap, Take 1 capsule by mouth once a day supplement
Zetia - Ezetimibe 10 mg Oral Tab, Take 1 tablet by mouth once a day cholesterol
Levothyroxine - Levothyroxine Sodium 112 mcg Oral Tab, Take 1 tablet by mouth in the morning 30 minutes before a meal hypothyroidism
Revatio - Sildenafil Citrate 20 mg Oral Tab, Take 3 to 5 tablets (60 to 100 mg) by mouth every hour activity. Do not exceed 1 dose (5 tablets) in 24 hours.
Glucophage Xr - Metformin Hydrochloride 500 mg Take 500 mg Oral Tab; 2 tabs by mouth once a day diabetes
Vitamin A - Vitamin A Palmitate 2,400 mcg Oral Cap, Taking daily dose by mouth once a day supplement
Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 10 mcg (400 unit) Oral Cap by mouth once a day Taking daily, not sure of dose
Vitamin B - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox (VITAMINS B COMPLEX) Oral Tab by mouth as necessary Use as directed (Patient reported) (Patient not taking: Reported on 11/25/2025
Cinnamon - Cinnamon 500 mg Oral Cap by mouth as necessary (Patient reported)

14. DME and Supplies:

15. Safety Measures:

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 12/05/2025

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 : 11/26/2025

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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reacher, commode, diabetic supplies, cane, walker

infectious material management, standard precautions, knee precautions, fall precautions, diabetic precautions, bleeding precautions, ambulates with device, smoke detectors , walker precautions, medication safety, emergency phone # clearly displayed, ambulates with assistance, transfer with assist, sharps precautions

16. Nutrition:
cardiac diet, diabetic

17. Allergies:
crestor lipitor codeine

18.A. Functional Limitations
Ambulation, Endurance

18.B. Activities Permitted
Cane, Walker, Exercises Prescribed

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:
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.

22.B.Discharge Plans
patient will be responsible for managing treatment

Homebound status: After undergoing Left 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:
The patient is a 72-year-old male status post left total knee replacement on 12/4/25, with a past medical history significant for non-ST elevation MI, vitamin B12 deficiency, bilateral carpal tunnel syndrome, GERD, peripheral neuropathy, prediabetes, asthma, obesity, CAD, hypothyroidism, and BPH. He returned home the same day of surgery and receives assistance from family for all ADLs and IADLs. The patient is alert and oriented 3, reports pain at 7/10, and uses ice therapy and prescribed pain medication with good effect. He denies shortness of breath, lung sounds are clear, appetite is good, and he had a bowel movement today. The left knee dressing is intact, and he ambulates with a walker. Skilled nursing reviewed postoperative instructions and pain management strategies; both the patient and spouse verbalized understanding. A physical therapy evaluation was completed. The patient demonstrates decreased endurance, strength, balance, and functional mobility following joint replacement, increasing his fall risk. He presents with knee pain, reduced knee strength, unsteady gait, difficulty with transfers and stair negotiation, decreased safety awareness, and a history of falls. He requires assistance and an assistive device to leave the home safely. Home PT is recommended to improve strength, mobility, transfers, balance, safety awareness, and overall functional independence. Education was provided on edema management, infection signs, fall prevention, home safety, proper body mechanics, safe walker use, bed mobility, and a home exercise program. The patient practiced therapeutic exercises, ambulation with walker support, and postoperative care strategies, verbalizing understanding of all instructions. The PT plan of care was developed in agreement with the patient and caregiver. The patient will receive home PT beginning 12/8/25, transition to outpatient PT on 12/22/25, and follow up with Dr. Narcisse on 12/18/25.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 12/05/2025
 Order<o:p></o:p> Physician Face-to-Face Date: 11/26/2025
 Clinical Condition Requiring Home Care per Certifying Physician: SN-pain control PT-eval & treat due to Left 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>
 1 - SOC - SN Notes:
 PT Eval Notes:<o:p></o:p> Physician: Narcisse, Patrick

SN Careplans

SN WK1: 1 (12/05/25-12/06/25) ,WK2: 1 (12/07/25-12/13/25)

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; 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 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.

SN Goals

PATIENT-STATED GOAL: TO WALK BETTER

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 cardiac condition including symptom management
* diet changes
* regular exercise
* getting enough sleep
* 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 optimize mental status with cognition therapy
* home safety
* optimize mobility with active and passive range of motion therapeutic exercises
* diet and fluids to optimize peripheral circulation
* recalls related medication(s) purpose, schedule

patient/caregiver recalls

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:
Electronically Signed by Messick, Charles RN

Date
12/05/2025

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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.

LEFT KNEE
Advance Directive:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, meal preparation, M1033 - Exhaustion, M1400 - Dyspnea, 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 Left Knee - LEFT KNEE DRESSING INTACT

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver. , Discharge Summary- Complete Discharge Summary SN communication note. , cough/deep breathing exercises, incentive spirometer, physician-ordered wound care: SN TO REMOVE LEFT KNEE DRESSING POST OP 7 DAYS

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage cardiac condition including symptom management diet changes regular exercise getting enough sleep, 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 optimize mental status with cognition therapy home safety optimize mobility with active and passive range of motion therapeutic exercises diet and fluids to optimize peripheral circulation, related medication(s) purpose, schedule, * how to incorporate lifestyle modifications to optimize renal condition including renal-specific diet exercise monitoring of blood pressure blood sugar home, related medication(s) purpose, schedule remedies, * 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, * 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, meal preparation is available to patient for all meals

* 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 incorporate lifestyle modifications to optimize renal condition including renal-specific diet
* exercise
* monitoring of blood pressure
* blood sugar
* home
* recalls related medication(s) purpose, schedule remedies

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

meal preparation is available to patient for all meals

PT Careplans

PT WK2: 3 (12/07/25-12/13/25) ,WK3: 3 (12/14/25-12/20/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: Pain Interference with Therapy activities, Pain Interference with ADLs, M1400 Dyspnea, Pain Effect on Sleep, 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, 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, GG0130B1 - Oral Hygiene

PROCEDURES: home exercise program: Supine- ankle pump, quad set, gluteal set, heel slide, SLR, bridging. Seated-LAQ hip flex Standing-Mini squat, heel/toe raise, hip flex, leg curls., therapeutic modalities: Pt instructed to apply ice to L knee x 20 minutes with necessary barrier and skin assessments q 5 minutes., gait training on uneven surfaces, gait training/stair training, transfers training, assist with infection control, assist with fall prevention

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 - 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

PT Goals

PATIENT-STATED GOAL: I want to be able to safely walk with my cane

GOALS
Shower/Bathe Self - 05. Setup or clean-up assistance

Chair to Bed to Chair - 06. Independent

Toilet Transfer - 06. Independent

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

Signature of Physician:	Date
	PAGE 3 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	12/05/2025

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Sit Transfer - 06. Independent

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

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

Signature of Physician:	Date
	PAGE 4 of 4
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