Home Health Certification and Plan of Care

Order ID: 1150/14852

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
47324193	12/11/2025	From: 12/11/2025 To: 02/08/2026	20148	217058

6. Patient's Name and Address

Elizabeth Okang
11809 Chapel Woods Ct,
CLARKSVILLE, MD 21029-
410-530-2693

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 08/31/1963 **9.Sex** Female

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

13. ICD	Other Pertinent Diagnoses	Date
Z96.651	Presence of right artificial knee joint	12/11/25
M17.12	Unilateral primary osteoarthritis left knee	12/11/25
F31.2	Bipolar disord crnt episode manic severe w psych features	12/11/25
H26.9	Unspecified cataract	12/11/25
M06.9	Rheumatoid arthritis unspecified	12/11/25
K21.9	Gastro-esophageal reflux disease without esophagitis	12/11/25
E55.9	Vitamin D deficiency unspecified	12/11/25
F41.9	Anxiety disorder unspecified	12/11/25
Z79.82	Long term (current) use of aspirin	12/11/25

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

Vitamin D3 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 125 mcg (5,000 unit) Oral Tab,Take 1 tablet by mouth once a day
Vitamin B Complex - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox Take 1 capsule by mouth once a day
Tylenol Pm - Acetaminophen 500mg by mouth at bedtime Take two capsules 1000mg at bedtime to sleep
Pantoprazole Sodium - Pantoprazole Sodium 40 mg 1 tab by mouth once a day Take one tab daily for reflux.
Oxycodone - Ibuprofen: Oxycodone Hydrochloride 1 ta by mouth every 4 hours Take 1/2 5mg tabs every 4 hours as needed for pain
Asa - Aspirin 1 tab by mouth twice a day Take 1 tab twice daily for cardiac prevention
Esomeprazole Magnesium - Esomeprazole Magnesium 40 mg 1 tab by mouth once a day Take one tab daily for reflux if not taking pantoprazole
Ondansetron - Ondansetron 4 mg 1 tab by mouth every 6 hours Take 1 tab by mouth every 6 hours as needed for nausea
Acetaminophen And Codeine Phosphate - Acetaminophen: Codeine Phosphate 300 mg;30 mg 1 Tab by mouth every 4 hours Take 1 tab every 4-6 hors as needed for tooth pain.
Docusate - Docusate Sodium 100mg by mouth twice a day Take 1 tab twice daily for stool softner

14. DME and Supplies:

hand held shower, bath bench, wound care supplies, 4 wheeled walker, elevated toilet seat

15. Safety Measures:

infectious material management, walker precautions, smoke detectors , restricted ROM, non-slip surface in tub, medication safety, fall precautions, bleeding precautions, ambulates with device, transfer with assist, emergency phone # clearly displayed, ambulates with assistance, standard precautions, knee precautions, bathroom safety, activity supervision

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

no known allergies

18.A. Functional Limitations

Ambulation, Endurance

18.B. Activities Permitted

Cane, Up As Tolerated, Exercises Prescribed, Wheelchair, Transfer bed/Chair, 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: Yes

20. Prognosis: good

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

family/caregiver 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:

Patient is a 62-year-old female is postoperative day one from a right total knee replacement. She rests comfortably in bed, with an ice pack applied to the right knee for pain relief. A physical therapist provided home exercises earlier, and a registered nurse (RN) arrived to review medications and educate on safety. Medical history includes osteoarthritis, Bipolar I disorder, cataracts, and rheumatoid arthritis. She lives in a single-family home with three steps from the garage and is recovering in the first-floor master bedroom. Her husband and adult son are her primary caregivers, and she has a large friendly dog. Vital signs and pain are 4/10. She reports good appetite and sleep, with a bowel movement on 12/10; she denies constipation and uses Colace as prescribed. All medications are available at home, and the RN educated her on medication use and side effects. She had a tooth extraction prior to surgery and has unused Tylenol #3 at home. She has mild swelling around the surgical site, a non-removable dressing to be removed in seven days by PT, and an upcoming post-op appointment on 12/23. She has a history of depressive symptoms a few months ago, but is currently stable on her medications. The patient presents with painful gait, bilateral lower-extremity weakness, and decreased coordination, requiring moderate assistance for bed mobility, transfers, and ambulation. Her caregiver, a physician with critical care experience, assists with all mobility. Given functional limitations, altered gait, pain, and fall risk, skilled PT in-home is indicated to improve safety, strength, mobility, and reduce fall risk, with goals to progress bed mobility and transfers toward supervision, increase ambulation tolerance, and ensure proper progression of post-op precautions, home exercise program, and gait training.<o:p></o:p> <o:p> </o:p> Date of Order<o:p></o:p> 12/11/2025
 Order<o:p></o:p> Physician Face-to-Face Date: 12/05/2025
 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>
 1 - SOC - SN Notes:
 PT Eval Notes:<o:p></o:p> Physician: Narcisse, Patrick

SN Careplans

SN Goals

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 12/11/2025

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 : 12/05/2025

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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SN WK1: 1 (12/11/25-12/13/25) ,WK2: 1 (12/14/25-12/20/25)

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: 2. Non-agency caregiver(s) need training/supportive services to 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:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, M2020 - Oral Med Management, M2102c - Med Admin, M2102f - Patient Supervision, M2102d - Caregiver Performs Treatment, M1400 - Dyspnea, poor muscle tone, muscle weakness, swelling of affected area, limited endurance, limited range of motion, limited strength, headache, balance deficit, #1 - Non-Observable Surgical Wound - Other - right knee - non removable aquacel nsurgical dressing

PROCEDURES: Medication Review- : Medications reviewed with patient/caregiver , Discharge Summary- Complete Discharge Summary SN communication note. , cough/deep breathing exercises, incentive spirometer, train caregiver(s) to perform medical/rehabilitation treatments, physician-ordered wound care: 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., teach/coordinate/arrange medication packaging and/or administration

TEACH PATIENT/CAREGIVER: * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, 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, caregiver performs medical/rehabilitation treatments with adequate competence

PATIENT-STATED GOAL: Patient wants to be able to walk her dog five miles a day

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
* 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
* recalls related medication(s) purpose, schedule

caregiver performs medical/rehabilitation treatments with adequate competence

PT Careplans

PT WK1: 1 (12/11/25-12/13/25) ,WK2: 3 (12/14/25-12/20/25) ,WK3: 2 (12/21/25-12/27/25)

PROBLEMS IDENTIFIED ON ASSESSMENT: 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: HEP: Ankle pumps, quad sets, glute sets, heel slides, partial squats, and

PT Goals

PATIENT-STATED GOAL: Transition to outpatient

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

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

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seated/standing knee flexion and extension within tolerance. 10-15 reps ea. 1-2 set per day. Emphasis on improving right knee ROM, reducing stiffness, and promoting quadriceps activation. , B LE strengthening, work simplification/energy conservation, gait training on uneven surfaces, gait training/stair training, transfers training

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 - 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, Transfers, Gait, B LE strengthening

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

Gait

Transfers

B LE strengthening

Signature of Physician:	Date
	PAGE 3 of 3
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