Home Health Certification and Plan of Care

Order ID: 1150/15093

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
18174745	12/22/2025	From: 12/22/2025 To: 02/19/2026	19261	217058

6. Patient's Name and Address

Charles Fretwell
400 Bon Air Ave,
BROOKLYN, MD 21225-
410-789-0059

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 06/10/1949 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
Z47.1	Aftercare following joint replacement surgery	12/22/25

13. ICD	Other Pertinent Diagnoses	Date
Z96.652	Presence of left artificial knee joint	12/22/25
I12.9	Hypertensive chronic kidney disease w stg 1-4/unsp chr kdny	12/22/25
N18.31	Chronic kidney disease stage 3a	12/22/25
I48.91	Unspecified atrial fibrillation	12/22/25
M19.042	Primary osteoarthritis left hand	12/22/25
M47.22	Other spondylosis with radiculopathy cervical region	12/22/25
G56.01	Carpal tunnel syndrome right upper limb	12/22/25
E78.5	Hyperlipidemia unspecified	12/22/25
G47.33	Obstructive sleep apnea (adult) (pediatric)	12/22/25
N52.9	Male erectile dysfunction unspecified	12/22/25
F39.	Unspecified mood [affective] disorder	12/22/25
E66.9	Obesity unspecified	12/22/25
Z68.38	Body mass index [BMI] 38.0-38.9 adult	12/22/25
Z79.01	Long term (current) use of anticoagulants	12/22/25
Z86.73	Prsnl hx of TIA (TIA) and cereb infrc w/o resid deficits	12/22/25
Z87.891	Personal history of nicotine dependence	12/22/25
Z91.81	History of falling	12/22/25

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

Celexa - Citalopram Hydrobromide eq 60 mg base 40 mg, Take 1 tablet by mouth once a day
Prinivil - Lisinopril 20 mg, Take 1 tablet by mouth once a day
Norvasc - Amlodipine Besylate 10 mg, Take 1 tablet by mouth once a day
Pradaxa - Dabigatran Etexilate Mesylate 150 mg, Take 1 capsule by mouth every 12 hours Take 1 capsule by mouth every 12 hours With food and plenty of water
Lipitor - Atorvastatin Calcium 80 mg, Take 1 tablet by mouth once a day Take 1 tablet by mouth daily for cholesterol and heart protection
Oxaydo - Oxycodone Hydrochloride 1 Tablet (5mg) by mouth every 6 hours Administer 1 tablet every 6 hours as needed for moderate to severe pain rated 5-10 on numeric scale.

14. DME and Supplies:

walker, grab bars, cane, bath bench

15. Safety Measures:

walker precautions, , smoke detectors , , knee precautions, hand rails, , emergency phone # clearly displayed, cardiac precautions, , bathroom safety, , ambulates with device, ambulates with assistance, activity supervision

16. Nutrition:

Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:

no known allergies

18.A. Functional Limitations

Ambulation, Endurance

18.B. Activities Permitted

Walker, Cane, Exercises Prescribed, 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: 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

patient will be responsible for managing treatment

Homebound status: After undergoing Left Total Knee 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:

Arrival to the patient's home revealed the patient seated in a recliner in the living room with his left knee elevated; his daughter was present. A full <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> was completed with vital signs as documented. The patient's left knee was noted to be edematous and warm to the touch; however, there was no redness observed. The patient denied fever or chills, and the surgical incision was well healed, intact, and without scab or drainage. Heart rate was irregular at 98 bpm, consistent with the patient's known history of atrial fibrillation; the patient denied shortness of breath and is currently on anticoagulation therapy. He denied any prior treatment for rapid ventricular response. The patient is obese but denied any breathing difficulties; lung sounds were clear bilaterally. He reported a good appetite and regular bowel movements. A physical therapy evaluation was completed. The patient is a 76-year-old male status post left total knee replacement on 11/24/25. Following surgery, he required transfer to a rehabilitation facility due to inability to bear weight or stand on the left knee and reported being largely unable to stand on the operative knee for approximately two weeks. He later followed up with Dr. Narcisse in a wheelchair and reported being strongly encouraged by the physician to begin standing and mobilizing. The patient ultimately returned home on 12/19/25 with assistance from family members, who are present most of the time to provide support. Post-joint replacement, the patient demonstrates decreased endurance and mobility, placing him at increased risk for falls. At this time, he requires assistance from another person and the use of an assistive device to safely leave the home. The patient presents with multiple functional deficits, including left knee pain, decreased knee strength, decreased functional mobility, difficulty negotiating steps, unsteady gait, difficulty with transfers, decreased balance, history of falls, decreased safety awareness, and increased fall risk. He would benefit from skilled home physical therapy services to address strength, functional mobility, transfers, gait and stair safety, balance, and safety awareness in order to restore independent function within the home. Without skilled physical therapy intervention, the patient is at risk for falls, further functional decline, and loss of independence. Education was provided to the patient and primary caregiver regarding the causes of edema and strategies to reduce swelling, including elevating the lower extremities above heart level during rest periods and the use of compression garments if recommended by the physician. The patient verbalized understanding. Signs and symptoms of incision or wound infection were reviewed, including fever, chills, redness, swelling, increased pain, bleeding, or discharge from the surgical site, as well as nausea or vomiting that does not resolve and pain that is not controlled with medication. Home safety education was provided per pages 32-33 of the patient handbook, including fall prevention, fall risk factors, and environmental

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 12/22/2025

25. Date HHA Received Signed POT

24. Physician's Name and Address

James Huang
8028 Ritchie Hwy
Pasadena, MD 21122
PHONE: 410-737-5600 FAX: 14107375391 NPI: 1154567709

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 : 12/17/2025

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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safety measures to reduce fall risk. The patient was instructed in safe transfer techniques using a walker, with emphasis on proper hand and foot placement, forward weight shift, and reaching back for the chair prior to sitting. The patient required minimal assistance to standby assistance for safe transfers. Instruction was also provided on safe bed mobility techniques, with cues to improve body mechanics and promote independence; the patient required minimal assistance to complete all bed mobility tasks safely. The patient was instructed in and performed therapeutic exercises, including seated hip flexion, long arc quadriceps, and seated quadriceps sets (1 set of 15 repetitions), as well as standing exercises consisting of mini squats, heel/toe raises, left hip flexion, and left leg curls (1 set of 10 repetitions). A copy of the home exercise program was left in the home with instructions to complete exercises twice daily. Passive range of motion of the left knee was performed in the supine position. Gait training was provided on level surfaces using a walker. The patient required standby assistance to ambulate safely and was given cues for proper positioning within the walker, increased bilateral step height and length, and overall safety. He was strongly advised to ambulate with the walker at all times. Education was provided on the importance and benefits of daily ambulation, including improved circulation and prevention of complications related to inactivity. The patient was instructed to begin a walking program with short walks every 1-2 hours in the home, initially 1-2 times per day, starting with 3-5 minutes and gradually increasing duration as tolerated. The patient was instructed to apply ice to the left knee for 20 minutes using an appropriate barrier, with skin checks every 5 minutes. Pain was reported as well controlled with current medications. Education was provided regarding effective pain management strategies, including taking pain medication at the onset of pain, monitoring for side effects such as dizziness and constipation, and seeking emergency care or contacting the provider for chest pain, unrelieved pain, or shortness of breath. The patient was also advised to take pain medication approximately one hour prior to physical therapy sessions. The patient verbalized understanding via teach-back. The physical therapy plan of care was discussed and developed with the patient and primary caregiver, and both were in agreement. The patient is to receive home physical therapy beginning 12/23/25 with the following frequency: 1 week at 2 <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-1 CE-FMS-visits">visits</mh> (Tuesday), 3 weeks at 1 visit per week (Monday/Tuesday/Thursday), 2 weeks at 1 visit per week (Monday/Wednesday), and 1 week at 1 visit (Monday). The patient is scheduled to follow up with Dr. Narcisse on 1/9/26 and was advised to arrange outpatient physical therapy as soon as possible. Home physical therapy will continue until outpatient services are initiated.
 Date of Order 12/22/2025 Orders Physician Face-to-Face Date: 12/17/2025 Clinical Condition Requiring Home Care per Certifying Physician: SN-pain control PT-eval & treat OT-eval & treat HHA-adls due to Left Total Knee Replacement 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 & Treat OT Eval Notes:
 Physician Huang , James

SN Careplans

SN WK1: 1 (12/22/25-12/27/25), WK3: 1 (01/04/26- 01/10/26), WK4: 1 (01/11/26- 01/17/26)

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:Durable power of attorney for health care/Medical power of attorney

PROBLEMS IDENTIFIED ON ASSESSMENT: D0160 - Depression, M2020 - Oral Med Management, M2102c - Med Admin, M2102f - Patient Supervision, M2102d - Caregiver Performs Treatment, M1400 - Dyspnea, muscle weakness, swelling of affected area, limited endurance, limited range of motion, limited strength, Pain Effect on Sleep, Pain Interference with ADLs

PROCEDURES: Medication review: All medications reviewed with patient/caregiver. , cough/deep breathing exercises, apply anti-embolitic stockings, train caregiver(s) to perform medical/rehabilitation treatments, teach/coordinate/arrange medication packaging and/or

SN Goals

PATIENT-STATED GOAL: Patient states "I want to be independent without my walker and be able to drive again."

GOALS
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
* 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 medic

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

patient/caregiver recalls
* management of mental health condition including joining a peer group
* maintaining regular contact with mental health professional
* avoiding known stressors
* controlling impulses
* recalls related medication(s

patient/caregiver recalls
* how to keep journal of food and fluid intake
* healthy meal plan tips
* exercise program
* nutritional knowledge
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings
* physical exercise plan
* diet
* 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 medicatio

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	12/22/2025

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administration

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 medicatio, * lifestyle modifications to manage peripheral vascular condition including how to apply compression stockings physical exercise plan diet, 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 relaxatio, * 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, * management of mental health condition including joining a peer group maintaining regular contact with mental health professional avoiding known stressors controlling impulses, related medication(s, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpos, * 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 medic, * how to keep journal of food and fluid intake healthy meal plan tips exercise program nutritional knowledge, related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient is adequately supervised, caregiver administers and/or packages medications appropriately, caregiver performs medical/rehabilitation treatments with adequate competence

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 relaxatio

patient/caregiver recalls
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure
* preventive care
* recalls related medication(s) purpos

patient self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

patient is adequately supervised

caregiver administers and/or packages medications appropriately

caregiver performs medical/rehabilitation treatments with adequate competence

PT Careplans

PT WK1: 1 (12/22/25-12/27/25) ,WK2: 1 (12/28/25-01/03/26) ,WK3: 3 (01/04/26-01/10/26) ,WK4: 2 (01/11/26-01/17/26) ,WK5: 1 (01/18/26-01/24/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 Dyspnea, GG0170F1 - Toilet Transfer, GG0170D1 - Sit to Stand, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer, GG0170I1 - Walk 10 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170K1 - Walk 150 Feet, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170M1 - 1 - Step (curb), GG0170N1 - 4 Steps, GG0170O1 - 12 Steps, GG0170P1 - Picking Up Object

PROCEDURES: therapeutic modalities: Apply ice to L knee x 20 minutes with necessary barrier and skin assessments q 5 minutes., 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., dynamic standing balance exercises, gait training on uneven surfaces, gait training/stair training, transfers training, 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, 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: I want to get back to being independent.

GOALS
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

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

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
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	12/22/2025