

Home Health Certification and Plan of Care				Order ID: 1150/15167	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
100008923		12/19/2025		From: 12/19/2025 To: 02/16/2026	
4. Medical Record No.		5. Provider No.			
20150		217058			
6. Patient's Name and Address			7. Provider's Name, Address and Telephone Number		
Patrick Peterson 1617 Davinda Dr, FINKSBURG, MD 21048- 443-622-6045			HomeCentris Healthcare LLC 10 Crossroads Drive, Suite 102 Owings Mills, MD 21117-8284 410-321-8448 1487113239		
8. DOB 06/18/1961 9.Sex Male			10. Medications: Dose/Frequency/Route (N)ew (C)hanged		
11. ICD Principal Diagnosis Date			Flomax - Tamsulosin Hydrochloride 0.4 mg Oral Cap, Take 1 capsule by mouth at bedtime		
Z47.1 Aftercare following joint replacement surgery 12/19/25			Hyzaar - Hydrochlorothiazide: Losartan Potassium 100-25 mg Oral Tab,take 1 tablet by mouth once a day		
13. ICD Other Pertinent Diagnoses Date			Folic Acid - Folic Acid 1 mg Oral Tab,Take 1 tablet by mouth once a day		
Z96.642 Presence of left artificial hip joint 12/19/25			Norvasc - Amlodipine Besylate 5 mg Oral Tab,Take 1 tablet by mouth once a day		
I10. Essential (primary) hypertension 12/19/25			Fish Oil - Cod Liver Oil fish oil tablet by mouth as necessary		
E78.00 Pure hypercholesterolemia unspecified 12/19/25			Lipitor - Atorvastatin Calcium 40 mg Oral Tab,Take 1 tablet by mouth as necessary by		
N40.0 Benign prostatic hyperplasia without lower urinry tract Symp 12/19/25			mouth For		
Z79.82 Long term (current) use of aspirin 12/19/25			cholesterol		
Z79.891 Long term (current) use of opiate analgesic 12/19/25			and heart		
Z96.641 Presence of right artificial hip joint 12/19/25			protection		
			Multivitamins - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox Take 1 tablet by mouth once a day		
			Aspirin - Aspirin 81 mg Oral TBEC DR Tab ,Take 1 tablet by mouth once a day		
			Vitamin B1 - Alpha-Tocopherol Acetate: Ascorbic Acid: Biotin: Cholecalciferol: Cyanocobalamin: Dexpanthenol: Folic Acid: Niacinamide: Pyridox 100mg oral tablet, Take 1 tablet by mouth once a day		
14. DME and Supplies:			15. Safety Measures:		
reacher, rolling walker			fall precautions, bleeding precautions, medication safety, bathroom safety, infectious material management, hip precautions, standard precautions, None of the above		
16. Nutrition:			17. Allergies:		
Z. NO PHYSICIAN-ORDERED DIET			no known allergies		
18.A. Functional Limitations			18.B. Activities Permitted		
Ambulation			THR restrictions: No BLT L LE		
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: 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.			family/caregiver will be responsible for managing treatment		
Homebound status: After undergoing Left Total Hip 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: <p class="MsoNoSpacing">Patrick Peterson is a 64-year-old male evaluated for home health physical therapy following a left total hip replacement. Prior to surgery, he was independent within the home; however, he currently requires caregiver assistance for indoor ambulation due to postoperative bilateral lower-extremity weakness, decreased coordination, pain, and altered gait mechanics. He ambulates with a walker and demonstrates limited endurance and reduced tolerance for left lower-extremity weight bearing, placing him at increased risk for falls. Bed mobility requires minimal assistance, transfers require contact guard assistance with verbal safety cues, and ambulation is limited to short household distances with assistance. The home environment is clean, well maintained, and free of safety hazards. Skilled physical therapy is medically necessary to improve strength, balance, gait, and functional mobility, support a safe recovery at home, prevent falls, and facilitate a safe transition to outpatient physical therapy services.</o:p></p> <p class="MsoNoSpacing"><o:p> </o:p></p> <p class="MsoNoSpacing">Date of Order<o:p></o:p></p> <p class="MsoNoSpacing">12/19/2025 Order<o:p></o:p></p> <p class="MsoNoSpacing">Physician Face-to-Face Date: 12/05/2025 Clinical Condition Requiring Home Care per Certifying Physician: SN-pain control PT-eval & treat due to Left Total Hip 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></p> <p class="MsoNoSpacing"> 1 - SOC - PT Notes:<o:p></o:p></p> <p class="MsoNoSpacing">Physician: Narcisse, Patrick</p>					
SN Careplans			SN Goals		
23. Signature and Date of Verbal SOC Where Applicable: Electronically Signed by Messick, Charles RN on 12/19/2025					
25. Date HHA Received Signed POT					
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, 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.		
Patrick Narcisse 2391 Greenspring Dr Timonium , MD 21093 PHONE: 410-847-3000 FAX: NPI: 1508397092			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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PT Careplans		PT Goals		
PT WK1: 1 (12/19/25-12/20/25) ,WK2: 2 (12/21/25-12/27/25) ,WK3: 2 (12/28/25-01/03/26)		PATIENT-STATED GOAL: Transition to outpatient		
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 Chair to Bed to Chair - 06. Independent		
CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance		Toilet Transfer - 06. Independent		
HOSPITALIZATION RISKS: 7. Currently taking 5 or more medications		Sit to Stand - 06. Independent		
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.		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		
		Car Transfer - 06. Independent		
		Walk 10 Feet - 06. Independent		
		Walk 50 ft with 2 Turns - 06. Independent		
		Walk 150 Feet - 06. Independent		
		Walk 10 ft on Uneven Surface - 06. Independent		
		1 - Step (curb) - 06. Independent		
		4 Steps - 06. Independent		
		12 Steps - 06. Independent		
		Picking Up Object - 06. Independent		
		Oral Hygiene - 06. Independent		
		Toileting Hygiene - 06. Independent		
		Shower/Bathe Self - 06. Independent		
		Lower Body Dressing - 06. Independent		
		Don/Doff Footwear - 06. Independent		
		Eating - 06. Independent		
12/21/2025: Pain Effect on Sleep, Pain Interference with Therapy activities, Pain Interference with ADLs, M1400 - Dyspnea, M2020 - Oral Med Management				
PROCEDURES: equipment training, work simplification/energy conservation, HEP, 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				
Signature of Physician:		Date		
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Optional Name/Signature of Nurse/Therapist:		Date		
Electronically Signed by Messick, Charles RN		12/19/2025		

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and as needed. , Medication Review, B LE strengthening, Standing balance Training, gait training/stair training, transfers training				
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, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 06. Independent, Walk 50 ft with 2 Turns - 06. Independent, Walk 150 Feet - 06. Independent, Walk 10 ft on Uneven Surface - 06. Independent, 1 - Step (curb) - 06. Independent, 4 Steps - 06. Independent, 12 Steps - 06. Independent, Picking Up Object - 06. Independent, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 06. Independent, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent				

Signature of Physician:	Date
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